## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Jul 07 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CARPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000039408 (4) ARY IMPORT & EXPORT CORP. Principal Place of Business Mailing Address 13615 S DIXIE HWY. SUITE 303 13615 S DIXIE HWY, SUITE 303 MIAMI FL 33176 **MIAMI FL 33176** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. **Y**es 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LOREDO, JOSE A 100 SE 2ND ST, SUITE 4000 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** 83 84 City Zip Code **B**5 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRLCTORS 13. DELETE Change Addition TITLE n 1.1 TITLE GRIFFITH, LUCERO A 1.2 NAME **32E034** NAME 13615 S DIXIE HWY, SUITE 303 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME **ECHEVERRI, ALFREDO** 2.2 NAME STREET ADDRESS **13615 S DIXIE HWY, SUITE 303** 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 2. 4 CITY - ST- ZIP ECHGVERRI, AIFREDD DELETE Change Addition TITLE 3.1 TITLE . B. H. Bax 18 NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 00646 3.4. CITY - ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition **800002582308** -07/08/98--01011--020 NAME 6.2 NAME

**FILED** 

Indicated on this annual report or suppliemental annual roport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

GNATURE: SIGNATURE:

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

6.3 STREET ADDRESS

\*\*\*150.00

STREET ADDRESS

CITY-ST-ZIP