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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000039441 (5)

PREMASA INTERNATIONAL EXPORT, INC.

FILED

98 JUN 16 AM 9: 25

SECRETARIO STATE TALLAHASSEF. FLORIDA

Dringing Olyg	o of Duning	Mading Address				
Principal Place of Business Mailing Address 260 CRANDON BLVD. SUITE 32-144 KEY BISCAYNE FL 33149 Mailing Address 260 CRANDON BLVD. SUITE 32-144 KEY BISCAYNE FL 33149				DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualified 04/30/1997	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27		·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	29 Zip	Country 30	y 	This corporation owes or has paid the Personal Property Tax due June 30.	Yes 📝 No
	 9. Name and Address of Currer CONA, FRANCISCO M 	nt Hegisterea Agent	81	Name	10. Name and Address of New Register	rea Agent
, 26		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	ITE 32-144 Y Bis cayne FL 33149		83			
•			84	City		85 Zip Code
office or r		of Florida, Such change was	s authorized b	y the corpora	rporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its registered
SIGNATURE.	Signature Typed or portion came of rege tired agr				ured when roinstaking) DAI	TF.
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	·
TITLE	D	DELETE	1.1 1lTLE			Change Addition
NAME	LICONA, FRANSICO M		1.2 NAME			
STREET ADDRESS	260 CRANDON BLVD., 32-14	44	1.3 STREE	T ADDRESS	10000256 -%/19/98-	66719
CITY-ST-ZIP	KEY BISCAYNE FL 33149		14 CITY-	S1-7IP	-06/19/98-	01118019
TITLE		DELETE	2 1 1 II LE		***150.0	D William SQ Allian
NAME			2.2 NAME			- •
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			2. 4 CITY-			
TITLE		DELETE	3.1 TITLE	31-211		Change Addition
NAME			3.2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY- 4.1 TITLE	51-71r		Change Addition
NAME			4. 2 NAME			En onango En reconon
STREET ADDRESS			•	[ADDRESS		
CITY-ST-ZIP		DETETE	4.4 CITY - 3	ST - ZIP		Change Addition
TITLE		L DUUTE	5.1 TITLE			T CHANGE T MOUNTON
NAME			5.2 NAME		//	
STREET ADDRESS				ADDRESS	+5 (e/1	1
CITY-ST-ZIP			5.4 CITY - 5	ST-ZIP		
TITLE		☐ DELETE	G.1 TITLE		•	Change Addition
NAME			6.2 NAME		_	
STREET ADDRESS			6.3 STAFE	I ADDRESS	has nous	(
017V 61 740			CACITY (`

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. Further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustroe 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 alltaching it with an address.

1/2/60

FLEASE ACCEPT THE \$150.00

EVEN THOUGH I AM LATE IN

EVEN THOUGH I AM LATE IN

FAYING. I HAVE BEEN VERY

SICK IN GUATEMALA AND HAD

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SICK NOT TRAVELED TO THE U.S.

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SINCE NOVEMBER 197.

PLEASE ACCEPT THE *150.00

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SICK IN GUATEMALA AND HAD

NOT TRAVELED TO THE U.S.

SINCE NOVEMBER '97.