

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

99 DEC 13 PM 3:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P 97000041609
 1. Corporation Name
 MCS IMPORT & EXPORT CORP.

Principal Place of Business Mailing Address
 9300 N. W. 58 St. # 209
 Miami, Fl. 33178

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
 05/09/1997

21. Principal Place of Business 9300 N. W. 58 St. Suite Apt. # etc. Suite # 209 City & State Miami, Fl. Zip 33178	22. Mailing Address 9300 N. W. 58 St. Suite, Apt. #, etc. Suite # 209 City & State Miami, Fl. Zip 33178	23. Country USA	24. Country USA	4. FEI Number 65-0752947	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					

9. Name and Address of Current Registered Agent
~~COHEN, MANUEL
 9300 N. W. 58 St. # 209
 Miami, Fl. 33178~~

10. Name and Address of New Registered Agent
 81 Name SANTAMARIA, ENRIQUE
 82 Street Address (P.O. Box Number is Not Acceptable)
 9300 N./W. 58 St.
 Suite # 209
 84 City Miami, Fl. FL 85 Zip Code 33178

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 Santamaria DATE 11/16/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, MANUEL	
STREET ADDRESS	9300 N.W. 58 St. #209	
CITY-ST-ZIP	Miami, Fl. 33178	
TITLE	S.	<input type="checkbox"/> DELETE
NAME	SANTAMARIA, ENRIQUE	
STREET ADDRESS	9300 N. W. 58 St. #209	
CITY-ST-ZIP	Miami, Fl. 33178	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COHEN, LUZ E.	
STREET ADDRESS	9300 N. W. 58 St. #209	
CITY-ST-ZIP	Miami, Fl. 33178	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANTAMARIA, ENRIQUE	
1.3 STREET ADDRESS	9300 N. W. 58 St. # 209	
1.4 CITY-ST-ZIP	Miami, Fl. 33178	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	500003079205	
2.4 CITY-ST-ZIP	-12/23/99--01041--019 *****61.25 *****61.25	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby 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 indicated on this annual report or supplemental annual report 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.

SIGNATURE Santamaria ENRIQUE SANTAMARIA (305)593-5302