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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000042017 (8)

UNITED STATES EXPORT CORPORATION

Principal Place of Business

Mailing Address

FILED Apr 22 1998 8:00am Secretary of State



| 25 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Resonal Property Tax due June 30. Yes Piccolo, CARMEN 246 NE 30TH ST. BOCA RATON FL 33431 | Code |
|--|--|
| 3. Date Incorporated or Qualified 05(08)1997 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apl. #, etc. 2c. Apl | ot Applicable Additional lequired May Be to Fees mangible No Code |
| 2. Principal Place of Business | ot Applicable Additional lequired May Be to Fees mangible No Code |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 26 26 26 27 26 27 28 27 27 29 27 20 27 20 20 30 20 20 30 20 20 30 20 20 30 20 20 30 20 20 30 20 20 30 20 20 30 20 20 30 20 20 30 20 20 30 20 20 30 20 20 30 20 20 30 20 20 30 20 | ot Applicable Additional lequired May Be to Fees mangible No Code |
| Suite, Apt. #, etc. Suite, Ap | ot Applicable Additional lequired May Be to Fees mangible No Code |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Status Desired \$8.77 | Additional dequired May Be to Fees Mangible No Code |
| City & State Ci | May Be to Fees mangible No |
| City & State 27 | May Be to Fees mangible No |
| Trust Fund Contribution | to Fees mangible No Code |
| Zip Country Zip Country Zip Country 8. This corporation owes or has paid the current year Personal Property Tax due June 30. | No Code |
| Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent PICCOLO, CARMEN 246 NE 30TH ST. BOCA RATON FL 33431 11. Pursuant to the ppovisions of Sections 607,0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing 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 of agent. I am familiar vity, and accept the opinions of Sections 607,0502 and 607 1508, Florida Statules. SIGNATURE Mame | Code |
| 9. Name and Address of Current Registered Agent PICCOLO, CARMEN 246 NE 30TH ST. BOCA RATON FL 33431 11. Pursuant to the provisions of Socions 607,0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing office or registered Agent this politique of 07 0505, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. The majorithment is politique than of the provisions of Socions 607,0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing office or registered agent. I am fearline right, and accept the appointment agent. I am fearline right, and accept the appointment agent agen | Code |
| PICCOLO, CARMEN 246 NE 30TH ST. BOCA RATON FL 33431 11. Pursuant to the provisions of Sections 607/0509 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment agent 1 am faithful prod or punind time of Rycherothagen and filler 8-publication. 12. OFFICERS AND DIRECTIORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS 11. Pursuant to the provisions of Section's 607/0509 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment agent 1 am faithful private or punind time of Rycherothagen and filler 8-publication. (NOTE: Registered Agent signature required when reinitisting) 12. OFFICERS AND DIRECTIORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS 13. STREET ADDRESS 13. STREET ADDRESS 14. CITY-ST-2IP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS 16. STREET ADDRESS 17. STREET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS 19. STREET ADDRESS 19. ST | its registered |
| 246 NE 30TH ST. BOCA RATON FL 33431 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zi 85 Zi 85 Zi 86 City FL 86 Zi 87 Zi 88 Zi 89 Zi 89 Zi 89 Zi 89 Zi 80 Zi 89 Zi 89 Zi 89 Zi 80 Zi 80 Zi 80 Zi 80 Zi 81 Zi 80 Zi 80 Zi 80 Zi 82 Zi 80 Zi 80 Zi 80 Zi 83 Zi 80 Zi 80 Zi 80 Zi 84 City FL 85 Zi 85 Zi 80 Zi 80 Zi 86 Zi 80 Zi 80 Zi 80 Zi 86 Zi 80 Zi 80 Zi 80 Zi 87 Zi 80 Zi 80 Zi 80 Zi 88 Zi 80 Zi 80 Zi 80 Zi 89 Zi 80 Zi 80 Zi 80 Zi 89 Zi 80 Zi | its registered |
| 246 NE 30TH ST. BOCA RATON FL 33431 83 84 City FL 85 Zi 85 Zi 86 City FL 85 Zi 87 City FL 85 Zi 88 City FL 85 Zi 89 City FL 85 Zi 89 City FL 85 Zi 80 City FL 85 Zi | its registered |
| BOCA RATON FL 33431 83 84 City FL 85 Zi 11. Pursuant to the provisions of Sections 607,0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing office or registered affent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of Section 607 0505, Florida Statules. SIGNATURE Signature. Signature layer or printed name of Agretined agent and fille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE (NAME OFFICERS AND DIRECTORS) 13. STREET ADDRESS CITY-ST-ZIP ACCH. K/A-FC/A', / C. 3.3.4/S./ DELETE 1.1 TITLE CHANGE 1.2 NAME 2.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Change Change STREET ADDRESS | its registered |
| 11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing office or registered affort, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of Soction 607 0505, Florida Statules. SIGNATURE | its registered |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing office or registered afront, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar visit, and accept the pulpose of changing office or registered afront, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent agent signalure required when reliableing) SIGNATURE Common of the provisions of Sections 607 0505, Florida Statules. Change of the purpose of changing of the appointment agent signalure required when reliableing) DATE | its registered |
| 11. Pursuant to the provisions of Soctions 607,0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registed aftent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment of agent. I am fapilitiar with, and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE March Ma | its registered |
| 11. Pursuant to the provisions of Sections 607,0502 and 607 1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing office or registered effort, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am fapilitiar with, and accept the obligations of Section 607 0505. Florida Statutes. SIGNATURE M Fig. 1 (C C C C C C C C C C | its registered registered |
| office or registered ayent, or both, in The State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment agent. I am fabilitier with, and accept the optingations of Soction 607 0505, Florida Statutes. SIGNATURE | its registered registered |
| SIGNATURE Window 1 (C C C Signature upon to pointed in ance of respectate and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE | s registered |
| SIGNATURE Window 1 (C C C Signature upon to pointed in ance of respectate and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE | |
| TITLE | |
| NAME CARMEN PICCOLO 12 NAME STREET ADDRESS 2 4 b ME 30 m ST. 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS | RS IN 12 |
| NAME STREET ADDRESS 2 46 ME 30 m ST. 13 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME STREET ADDRESS 3.2 NAME 3.2 NAME 3.2 NAME STREET ADDRESS | Addition |
| NAME | |
| NAME | |
| NAME | |
| NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS | Addition |
| STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS | III Modition |
| CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS | |
| TITLE DELETE 3.1 TITLE | |
| NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS | |
| STREET ADDRESS 3.3 STREET ADDRESS | |
| | |
| CITY-ST-ZIP 3.4. CITY-ST-ZIP | |
| | |
| TITLE DELETE 4.1 THLE Change | Addition |
| NAME 4.2 NAME | |
| | |
| | _ |
| CITY-ST-ZIP 4.4 CITY-ST-ZIP | |
| TITLE DELETE 5.1 TITLE | Addition |
| NAME 52 NAME | 110- |
| STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS | / /) |
| CITY-ST-ZIP 5.4 CITY-ST-ZIP | ~~ |
| TITLE DELETE 6.1 TITLE 200024970948 Annox | 00 |
| Title DELETÉ 6.1 TITLE 2 00 0 2 4 9 7 0 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | Addition |
| STREET ADDRESS ***150.00 | ☐ Addition |
| | Addition |
| 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 | Addition |
| indicated on this annual report or supplemental annual equal to the same legal effect as if made under oath; if | |
| officer or director of the corporation or the receiver of truffee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name a Block 12 or Block 13 if changed or on an attachment with an address. | a information at I am an |
| bloom to a closer to a cigargosy or on an authoritical advicess. | a information at I am an |

4-15-98

561-392-0102