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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000048382 (0)**

SAFE IMPORT EXPORT CORP.

HOLLWYOOD FL 33023

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

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Principal Place of Business Mailing Address **5779 WASHINGTON STREET 5779 WASHINGTON STREET** 4 N21 #N21 DO NOT WRITE IN THIS SPACE HOLLWYOOD FL 33023 HOLLWYOOD FL 33023 3. Date Incorporated or Qualified 06/02/1997 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65.0761051 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FERRETTI. ANGELO JR **5779 WASHINGTON STREET** 82 Street Address (P.O. Box Number is Not Acceptable) **≠**N21 83 HOLLWYOOD FL 33023 City Zip Code 85 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 registored agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.1 TITLE FERRETTI, ANGELO JR NAME 1.2 NAME 5779 WASHINGTON ST, N21 STREET ADDRESS 1.3 STREET ADDRESS HOLLWYOOD FL 33023 CITY-ST-ZIP 1.4 CITY - ST - ZIP ■ DELETE Change Addition 2.1 TOTALE TITLE SAAD, RONALDO 2.2 NAME NAME 5779 WASHINGTON ST, N21 STREET ADDRESS 2.3 STREET ADDRESS

2. 4 CITY - ST- ZIP

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5.3 STREET ADDRESS

63 STREET ADDRESS

5 4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

3.1 TITLE

32 NAME

41 TITLE

4. 2 NAME

51 TITLE 52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

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DELETE

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 indicated on this annual report or supplience all 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 coorder 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.

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Addition

Addition

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Change

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FILED

May 19 1998 8:00am

Secretary of State