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

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000048382 1. Corporation Name

SAFE IMPORT EXPORT CORP.

Principal Place of Business 5779 WASHINGTON STREET

HOLLWYOOD FL 33023

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Mailing Address 5779 WASHINGTON STREET

#N21

26

27,

28

HOLLWYOOD FL 33023

2a. Mailing Address

City & State

Suite, Apt. #, etc.



DO I	TON	WRIT	E IN	THIS	SPA	CE.
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Applied For

\$8.75 Additional

Fee Required_

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

06/02/1997

65-0761051

4. FEI Number

Zip	Country	Zip	_ Country		8. This corporation owes the current year		_		
24	25	29 3	0		Personal Property Tax.	Yes	□No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			81	Name					
FERRETTI, ANGELO JR			82	82 Street Address (P.O. Box Number is Not Acceptable)					
5779 WASHINGTON STREET			102	Stiest Addi	ess (1.0. box (tumber to the receptable)				
#N2	1		83						
HOL	LWYOOD FL 33023								
į			84	City	Į.	85 Zip (Code		
office or r	egistered agent, or both, in the State of	Florida, Such change was aut	nonzed by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its	registered gistered		
	m familiar with, and accept the obligation	ens of, Section 607.0505, Florid	a Statutes						
SIGNATURE	Signature, typed or printed name of registered agent a	and trile if applicable. (NOTE: R	egistered Ager	nt signature require	d when reinstating) DATE		——		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	Addition		
NAME	BOARINI, ALBERTO		1.2 NAME						
STREET ADDRESS	5779 WASHINGTON ST. N21		1.3 STREET	TADDRESS					
CITY-ST-ZIP	HOLLWYOOD FL 33023		1.4 CITY-S	T-ZIP					
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition		
NAME	SAAD, RONALDO		2.2 NAME				ļ		
STREET ADDRESS	5779 WASHINGTON ST, N21		2.3 STREET	TADDRESS					
CITY-ST-ZIP	-HOLLWYOOD FL-33023	فمانا المحاشية الأساوا	2.4 CITY-5	ST-ZIP	مانستان کے ایک ایک ان میں ایک ان میں ایک ان ایک ان				
TILE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition		
NAME			3.2 NAME		•				
STREET ADDRESS			3.3 STREET	TADDRESS			}		
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	TADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	_				
TITLE		DELETE	5.1 TITLE			☐ Change	Addition		
NAME	:		5.2 NAME			•			
STREET ADDRESS			5.3 STREET	TADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS			1		
CITY-ST-ZIP	1		6.4 CITY-S	T-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, with all other like empowered.

SIGNATURE: