

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 NOV -2 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000049950 (3)**

1. Corporation Name

**M.R. IMPORT & EXPORT, CORP.**



Principal Place of Business

**5445 COLLINS AVENUE  
SUITE 912  
MIAMI BEACH FL 33140**

Mailing Address

**5445 COLLINS AVENUE  
SUITE 912  
MIAMI BEACH FL 33140**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/05/1997**

4. FEI Number

**65 0758830**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21 14 N. E. 1st AVE.**

Suite, Apt. #, etc.

**22 603**

City & State

**23 Miami, Fla.**

Zip

**24 33132**

Country

2a. Mailing Address

**26 14 N.E. 1st AVE.**

Suite, Apt. #, etc.

**27 603**

City & State

**28 Miami, Fl.**

Zip

**29 33132**

Country

**30**

9. Name and Address of Current Registered Agent

**E & V GREAT PROFESSIONAL INC.  
8001 N.W. 7TH STREET  
SUITE 8  
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name

**RICARDO BRITTO ELY**

82 Street Address (P.O. Box Number Is Not Acceptable)

**7601 E. TREASURE DR # 1108**

83

84 City

**M. BEACH**

**FL**

**85 33141**

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 the registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

**9/28/98**

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD BRITTO, RICARDO</b>	1.2 NAME	
STREET ADDRESS	<b>5445 COLLINS AVENUE, SUITE 912</b>	1.3 STREET ADDRESS	<b>7601 E. TREASURE DR. 1108</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	1.4 CITY-ST-ZIP	<b>N. BAY VILLAGE, FL 33141</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD BARBOZA, MARCOS</b>	2.2 NAME	
STREET ADDRESS	<b>5445 COLLINS AVENUE, SUITE 912</b>	2.3 STREET ADDRESS	<b>7601 E. TREASURE DR. 2309</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	2.4 CITY-ST-ZIP	<b>N. BAY VILLAGE, FL. 33141</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD LOPERA, JAVIER</b>	3.2 NAME	<b>9800000251260--0</b>
STREET ADDRESS	<b>5445 COLLINS AVENUE, SUITE 912</b>	3.3 STREET ADDRESS	<b>-11/10/98--01029--001</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	3.4 CITY-ST-ZIP	<b>***\$550.00 ***\$550.00</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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:

**RICARDO BRITTO ELY** **9/28/98** **(205) 379-6696**

0042232

CR2E034 (5/98)