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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000051222**1. Corporation Name

SAME EXPORT INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90021 047 ***150.00



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Principal Place of Business Mailing Address									
727 W. 79TH S	TREET	1727 W. 79TH STREET							
HIALEAH FL 33014		HIALEAH FL 33014				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 06/09/1997			
	10	2a. Mailing Address				4. FEI Number	A	plied For	
2. Principal Pia	ace of Business	26	•			65-0777808	No	ot Applicable	
Suito Ant f	# etc	Suite, Apt. #, etc.					* -	Additional	
Suite, Apt. #	7 , etc.	27				5. Certificate of Status Desired	Fee R	equired	
City & State		City & State				6. Election Campaign Financing	T	May Be	
	•	28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intar			
- ¬ '	25	29	30			reisonal Floperty Tax.	∐ Yes	□No	
24	9. Name and Address of Cur	rrent Registered Agent		[10. Name and Address of New Registered A	gent		
				81 1	Vame	•			
	CIA, LOUIS D			82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)		-	
3600	N.W. 82ND AVE.			`		The state of the s		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
MIAM	/II FL			83	••			- 付貨債	
				84 (City	FL	85 Zip	Code	
						it the thir at terment for the purpose of o	hanging it	s registered	
office or reagent. I a	egistered agent, or both, in the St m familiar with, and accept the ob	oligations of, Section 607.0505, Fi	orida Stat	utes.	5 55. p = 1 = 1 = 1				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: No				1 Agent si	ignature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
12.		S AND DIRECTORS	13.	TI E		ADDITIONS/CHANGES 15 CT 15 CT	☐ Change		
TITLE	D								
NAME	PEREZ, SERGIO JR.		i	AME					
STREET ADDRESS	7480 W. 17TH AVE.			TREET AL					
CITY+ST-ZIP	HIALEAH FL 33014	☐ DELETE	1.4 C	ITY-ST-Z	OP		Change	Addition	
TITLE	D	C) hereie					_,		
NAME	SANTIAGO, EMILIO			IAME					
STREET ADDRESS				TREET A	i				
CITY-ST-ZIP	HIALEAH FL 33014			CITY-ST-	ZIP .		Change	Addition	
TITLE		☐ DELETE		ITLE				_	
NAME				IAME					
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CITY-ST-ZIP				CITY-ST-	ZIP		Change	Addition	
TITLE		☐ DELETE		TITLE					
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STREET ADDRESS	\$			STREET A		•		,	
CITY-ST-ZIP			_	CITY-ST-	ZIP		Change	e ☐ Addition	
TITLE		☐ DELETE		TITLE		* .	<u>ب</u> a	_	
NAME				NAME		•			
STREET ADDRESS	S S				ADDRESS				
CITY-ST-ZIP				CITY-ST-	ZIP	<u> </u>	Chang	e	
TITLE .		☐ DELETE		TITLE	ĺ		المانية ت		
NAME				NAME					
STREET ADDRESS	5		6.3	STREET	ADDRESS				
(1		E c 4	OFFICE OF	7ID 1				

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. CITY-ST-ZIP

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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