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 #

P97000070381 (3)

AMINEXPORT INC.

FILED Jun 30 1998 8:00am Secretary of State



Debagle of Dis		Re Transfer		
Principal Place of Business		Mailing Address		
1206 MARIPOSA ÄVE. #421 CORÁL GABLES FL 33146		1205 MARIPOSA AVE. #421 CORAL GABLES FL 33146		
JOHNE GILD	12 00140	OOTHE ONDEED TE SU	10	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 08/13/1997
2. Principal I	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0775421 Applied For Not Applicable
Suite, Apt	. #. eic .	Suite, Apt. #, etc.		5. Certificate of Status Desired Section Fee Required
City & Sta	te	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 *	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Co	irrent Registered Agent	nel Alema	10. Name and Address of New Registered Agent
	ON zal ez-Marin, Luisa M		B1 Name	
	205 MARIPOSA AVE. #421		82 Street	Address (P.O. Box Number is Not Acceptable)
C	ORAL GABLES FL 33146			
	3		83	
	2		84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statu	tes, the above-named	corporation submits this statement for the purpose of changing its registered
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				
SIGNATORIE	Signature typed or printed name of registers	d agent and title if applicable (NO	IE: Registered Agent signature	e required when reinstating) DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PLESIDENT	DELETE	1.1 TITLE	Change Addition
NAME	ARNOLDO MARIN	Aug HU21	1.2 NAME	
STREET ADDRESS	1205 HAKI YOSA	The ATAI	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARNOLDO MARIN 1205 MARI POSA CORAL GABLES VICE-PRESIDEN	5, 12. 33146	1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDEN	☐ DELETE	2.1 TITLE	Change Addition
NAME	Luisa M. GONZA	LEZ-MARIN	2.2 NAME	
STREET ADDRESS	Luisa M. GONZA 1205 MARIPOST COMA L. GABLE	Aug. #42/	2 3 STREET ADDRESS	·
CITY-ST-ZIP	COMA C GABLE	5, FL. 33146	2. 4 CITY - ST - ZIP	
TITLE	± .	☐ DELETE	3.1 TITLE	L Change Addition
NAME			3.2 NAME	
STREET ADDRESS	- -		3.3 STREET ADDRESS	
CITY-ST-ZIP	·	DOLLTE	3.4. CITY - ST - ZIP	T At
TITLE	•	DELETE	4.1 TITLE	Change Addition
NAME	•		4. 2 NAME	· ·
STREET ADDRESS	:		4.3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>	□ nr cré	4.4 CITY-ST-ZIP	T Ohanaa T Addition
TITLE	\$ 5°	L DELETE	5.1 TITLE	Change Addition
NAME	-		5.2 NAME	
STREET ADDRESS	1 2		5.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	5.4 CITY - ST - ZIP	Change Addition
TITLE		□ DELETE	6.1 TITLE	
NAME OTREET ADDRESS			6.2 NAME	900002576229 ///)
STREET ADDRESS			6.3 STREET ADDRESS	***150.00
CITY-ST-ZIP	certify that the information execute	ad with this filing dose not availe.	64 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				