

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


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Feb 04, 1999 8:00am  
Secretary of State

02-04-1999 90001 037 \*\*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000072295</b>					
1. Corporation Name <b>FLOTA EXPORT, INC.</b>					
Principal Place of Business <b>20451 N.W. 2ND AVENUE SUITE 209 MIAMI FL 33169</b>			Mailing Address <b>P.O. BOX 426 HALLANDALE FL 33009</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/20/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0780697	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>DEAKTER, MORRIS 471 ALAMANDA DRIVE HALLANDALE FL 33009</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>P HIRSCH, LINDA</b>			1.2 NAME		
STREET ADDRESS <b>5561 HIGH FLYER ROAD</b>			1.3 STREET ADDRESS		
CITY-ST-ZIP <b>PALM BEACH GARDENS FL 33418</b>			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>ST DEAKTER, MARSHA</b>			2.2 NAME		
STREET ADDRESS <b>19500 TURNBERRY WAY, APT. PH F</b>			2.3 STREET ADDRESS		
CITY-ST-ZIP <b>AVENTURA FL 33180</b>			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>D DAVIS, CHERYL</b>			3.2 NAME		
STREET ADDRESS <b>518 OLEANDER DRIVE</b>			3.3 STREET ADDRESS		
CITY-ST-ZIP <b>HALLANDALE FL 33009</b>			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>D ROSENFELD, HARVEY</b>			4.2 NAME		
STREET ADDRESS <b>1200 BEAR ISLAND DRIVE</b>			4.3 STREET ADDRESS		
CITY-ST-ZIP <b>WEST PALM BEACH FL 33409</b>			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>D JONAS, AMY</b>			5.2 NAME		
STREET ADDRESS <b>8328 NATIVE DANCER ROAD</b>			5.3 STREET ADDRESS		
CITY-ST-ZIP <b>PALM BEACH GARDENS FL 33418</b>			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		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)