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PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P97000072461

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

1. Corporation Name

DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State

05-10-1999 90052 026 ***150.00

	A IMPORT EXPORT, INC.									
Principal Place	e of Business	Mailing Address				7	1 INDEIDE 110 10311 1001 BOLL OF	per g p erki va jiki k	0010 LIBII 3 101	. gilği il bi iğ li
	EST 109 COURT	7311 SOUTHWEST 109	COURT			Ì				
MIAMI FL 33173		MIAMI FL 33173	000							
						<u> </u>	DO NOT WRI	TE IN THIS	SPACE	
						3	Date Incorporated or Qualifed 08/21/1997			
2, Principal P	face of Business	2a, Mailing Address				4	, FEI Number		A	pplied For
<u> </u>		26	26			65-0778544			N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Certifcate of Status Desired		\$8.75	Additional
22		27				5	. Certificate of Status Desired		Fee R	equired
City & Stat	te	City & State				6	Election Campaign Financing			May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		ountry		8	. This corporation owes the curr	ent year Int	_	J
24	25	29	30				Personal Property Tax.		∐ Yes	X No
	g. Name and Address of Curre	ent Registered Agent		041		10	Name and Address of New I	Registered	Agent	
∆ TAI	LADO MADIO OCUALOO			81	Name					
	LARO, MARIO OSWALDO 1 S.W. 109 CT.			82	Street Add	iress (P.O. Box Number is Not Accepta	able)	· · ·	
MIAN	MI FL 33173			83						j
				84	City				85 Zip	Code
					-			FL	<u>. </u>	
77. Pursuant	registered agent or both in the State	Clarks Cush shopes we	atates, the	ad by th	namou oon	00.00	pourd of directors. I hereby acces	of the appoi	ntment as n	egistered
	· ////////////////////////////////////	Phions of, Section 607.0505,	Florida Sta	atutes.	e corporat	HOITS T	on submits this statement for the poard of directors, I hereby acce	1281	99	
	X Suiles	. <u>/</u>					9	/28/ DATE	99	
SIGNATURE	Signature, typed or printed name of registered at		Florida Sta	ed Agent si			reinstating)	DATE	77	
	Signature, typed of printed name of registered at OFFICERS A	Jant and title if applicable. (N	OTE: Registere	ed Agent si			9	DATE	77	
SIGNATURE 12. TITLE	Bignature, typed of printed rights of registered at OFFICERS A	JEM and title if applicable. (N ND DIRECTORS	OTE: Registere 13 1.11	ed Agent si			reinstating)	DATE	7 9 ID DIRECT	ORS IN 12
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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: 🔏

CITY-ST-ZIP