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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000080129			
1. Corporation Name REFRAN EXPORT, INC.			
Principal Place of Business 15660 S.W. 46TH LANE MIAMI FL 33185		Mailing Address 15660 S.W. 46TH LANE MIAMI FL 33185	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 14068 S.W. 47 LN. Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL. Zip 24 33175 Country 25 USA.		2a. Mailing Address 26 14068 SW 47 LN. Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL. Zip 29 33175 Country 30 U.S.A.	
9. Name and Address of Current Registered Agent DIAZ, RENATO J 15660 S.W. 46TH LANE MIAMI FL 33185		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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: <u>Renato J. Diaz, President</u> DATE: <u>5/24/99</u> <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 PD NAME DIAZ, RENATO J STREET ADDRESS 15660 S.W. 46TH LANE CITY-ST-ZIP MIAMI FL 33185		1.1 TITLE PD 1.2 NAME DIAZ, Renato J. 1.3 STREET ADDRESS 14068 SW 47 LN. 1.4 CITY-ST-ZIP MIAMI, FL. 33175	
TITLE STD NAME DIAZ, SONIA I STREET ADDRESS 15660 S.W. 46TH LANE CITY-ST-ZIP MIAMI FL 33185		2.1 TITLE STD. 2.2 NAME DIAZ, SONIA I 2.3 STREET ADDRESS 14068 SW 47 LN. 2.4 CITY-ST-ZIP MIAMI, FL. 33175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)