

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

FILED

98 JUN 15 PM 3:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000081986 (6)

1. Corporation Name
FEDERAL EXPORT MANAGEMENT CORPORATION

Principal Place of Business Mailing Address
7370 NW 36 STREET SUITE 325-G MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
09/19/1997

2. Principal Place of Business
 21 **9321 SW 4 STREET**
 Suite, Apt. # etc.
 22 **APT # 227**
 City & State
 23 **MIAMI, FL**
 Zip
 24 **33174**
 Country
 25 **USA**
 26 **PO BOX 524090**
 Suite, Apt. #, etc.
 27
 City & State
 28 **MIAMI, FL**
 Zip
 29 **33152**
 Country
 30

4. FEI Number
650783070 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
ESPINOSA, DIEGO A
15108 SW 104 ST #716
MIAMI FL 33196

10. Name and Address of New Registered Agent
 81 Name **Espinosa, Diego**
 82 Street Address (P.O. Box Number is Not Acceptable)
9321 SW 4 STREET #227
 83
 84 City **MIAMI, FL** 85 Zip Code **33174**

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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRASIDENT <input type="checkbox"/> DELETE
NAME	Guillermo Espinosa
STREET ADDRESS	9321 SW 4 STREET #227
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	VP <input type="checkbox"/> DELETE
NAME	DIEGO A. ESPINOSA
STREET ADDRESS	9321 SW 4 STREET #227
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	900002566589--5
1.3 STREET ADDRESS	-06/19/98--01113--017
1.4 CITY-ST-ZIP	****158.75 ****158.75
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: **Diego Espinosa 4/2/98**

CR2E034 (10/97)