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# FILED
# Oct 13 1998 8:00am
# Secretary of State

PROFIT CORPORATION ANNUAL REPORT

**1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000087963

1. Corporation Name

**ANYTHING EXPORT EXPRESS INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5701 NW 36 ST<br>MIAMI, FL<br>U.S.A. | 5523 NW 72AVE<br>MIAMI, FL<br>USA 33166 |

DO NOT WRITE IN THIS SPACE

Alberto Alkarib

2. Principal Place of Business
21 5701 NW 36 ST
Suite, Apt. #, etc.
22
City & State
23 Virginia Gardens FL
Zip 24 33166 Country 25 DADE

2a. Mailing Address
26 4005-Melrose DR
Suite, Apt. #, etc.
27
City & State
28 Miami Springs FL
Zip 29 33166 Country 30 DADE

3. Date Incorporated or Qualified
OCT 10-97

4. FEI Number
65-078 7125 [ ] 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

ADA ARTAVIA
400 S. MELROSE DRIVE
MIAMI SPRINGS FL, 33166
USA

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 [signature] ADA ARTAVIA, President 4/22/98
(Registered Agent signature required when not listing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | President ☐ DELETE | 11 TITLE | Sales Manager/Resident ☐ Change ☒ Addition |
| NAME | ADA Vargas | 12 NAME | Alberto Alkarib |
| STREET ADDRESS | 4005-Melrose DR | 13 STREET ADDRESS | 4005-Melrose DR |
| CITY-ST-ZIP | Miami Springs FL 33166 | 14 CITY-ST-ZIP | Miami Springs FL 33166 |
| TITLE | ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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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 report or supplemental 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 added, on an attachment with an address.

**SIGNATURE:** [signature] ADA Artavia President 4/22/98 (305) 871-5350
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone Number