COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## OCUMENT # P98000007249

## VATIONAL IMPORTS AND EXPORTS OF SOUTH FLORIDA I

**FILED** Sep 10, 1999 8:00 am Secretary of State

09-10-1999 90002 011 \*\*\*150.00 09-10-1999 90002 012 \*\*\*400.00

IC.										
cipal Place of B	usiness	Mailing Address	Mailing Address				F) (8010 150() 01010 1011 1001			
N.W. 184 PLACE BROKE PINES FL 33029			1150 N.W. 184 PLACE PEMBROKE PINES FL 33029			DO NOT WRITE IN THIS SPACE				
Principal Place of Business Suite, Apt. #, etc.		/				3. Date Incorporated or Qualified				
	•	(, ,	( , v			01/22/1998				
Principal Place of Business		2a. Mailing Address	2a. Mailing Address 26 :			4. FEI Number - 0813397	Applied For Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Zip 29	Cour 30	ntry		8. This corporation owes the current year Intangible Personal Property.	Yes No			
9.		urrent Registered Agent				10. Name and Address of New Registered A	gent .			
CRESSION	INIF SUSAN	<b>\</b> .		81	Name					
Cressionnie, Susan 7844 dilido BLVD.		$\vec{i}$	ri Na		2 Street Address (P.O. Box Number is Not Acceptable)					
MIRAMAR FL 33023		١,								
	•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		84	City	FL.	85 Zip Code			
		i i				<u></u>	<u> </u>			

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.

3NATURE						DATE	
	Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS	(NOTE:	Registered Agent signatur	re required when reinstating	NS/CHANGES TO OFFI	and the second s	RS IN 12
E		DELETE	1.1 TITLE	P		Change	Addition
E.	RIVERA, JENNIFER	TELETE.	1.2 NAME	•			-
EET AODRESS	1150 N.W. 184 PLACE		1.3 STREET ADDRESS				
'-ST-ZIP	PEMBROKE PINES FL 33029		1.4 CITY-ST-ZIP				
-01-21F E	<u> </u>	ELETE	2.1 TITLE	VP		Change	Addition
E .	RIVERA, JOŠUE	/CLC1C	2.2 NAME	VI			_
ET ADDRESS	1150 N.W. 184 PLACE		2.3 STREET ADDRESS			•	
-ST-ZIP	PEMBROKE PINES FL 33029		2.4 CITY-ST-ZIP				ļ
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ε			6.2 NAME	ı			
ET ADDRESS	•		6.3 STREET ADDRESS				
ST-ZIP	,		6.4 CiTY-ST-ZIP				

I hereby certify that the information supplied with this filling 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.

**IGNATURE:**