FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90115 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999	
DOCUMENT #	P98000010433
IMEX CUSTOMS BR	OKERS, INC.
Principal Place of Business	Mailing Addres
	0000 MM 7077

INILA GO	STORE DIFFICIENCE INTO									, "1
Principal Place	of Business	Mailing Address								
2950 N.W. 75TH		2950 N.W. 75TH AVE.					•			
UNIT 9		UNIT 9				GO NOT WE	NTC IN THIS	CDACE		
MIAMI FL 33122 MIAMI FL 33122		MIAMI FL 33122				DO NOT WE		SPACE		1
						Date Incorporated or Qualifer 02/02/1998) 			
2. Principal Pl	ace of Business	Za. Mailing Address				4. FEI Number 65-084	47 N82	/ 1	pplied For	
21		26				65 69	1002		lot Applicable	1 :
Suite, Apt.	#, etc.	- Sulta, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22		27							Required	
City & State	9	City & State				6. Election Campaign Financing) _□		May Be	
23		28				Trust Fund Contribution			to Fees	ł
Zip	Country	Zip	_	untry		8. This corporation owes the cu	ment year int			
24	25	29	30			Personal Property Tax.	- 11 	☐ Yes	□No	ł
	9. Name and Address of Curren	t Registered Agent		١	r	10. Name and Address of New	Registered	Agent		1
				81	Name					1
	NSTEIN, JEFFREY A			62	Street Addre	ess (P.O. Box Number is Not Accep	table)	•	-	1
	n biscayne blvd.									1
Suit	E 1707			63						Į.
MAN	/II FL 33132				0.7			85 Zis	Code	1
				84	City		FL	. !]		!
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i agent. i a: SIGNATLIRE	to the provisions of Sections 607.050; egistered agent, or both, in the State on familiar with, and accept the obligat	ions on abction our coops, in	J, 100 CW					intment as	registered	
SIGNATURE	Signature, typica or printed name of registered agent	t and title if applicable. (NOT	E: Registered	i Agen	s-named corporation the corporation to signature required	when reinstating)	DATE			(86)
SIGNATURE	The restriction of the state of registered agents o	s and side if applicable. (NOT D DIRECTORS	J, 100 CW	Agen			DATE		ORS IN 12	(11/98)
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AN	t and title if applicable. (NOT	E: Registered	Agent		when reinstating)	DATE	ND DIRECT	ORS IN 12	34 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AN CHRM FABRE, ALVARO	s and side if applicable. (NOT D DIRECTORS	E: Registered 13. 1.1 Ti 1.2 N	Agent TILE	t signature required	when reinstating)	DATE	ND DIRECT	ORS IN 12	E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AN CHRM FABRE, ALVARO 2950 N.W. 75TH AVE.	s and side if applicable. (NOT D DIRECTORS	E: Registered 13. 1.1 Ti 1.2 N 1.3 S	Agent TILE WHE	t signsture required	when reinstating)	DATE	ND DIRECT	ORS IN 12	R2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AN CHRM FABRE, ALVARO 2950 N.W. 75TH AVE. MIAMI FL 33122	i and title if applicable. (NOT D DIRECTORS	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci	TREET	t signsture required	when reinstating)	DATE	ND DIRECT	ORS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AN CHRM FABRE, ALVARO 2950 N.W. 75TH AVE. MIAMI FL 33122 PST	s and side if applicable. (NOT D DIRECTORS	E: Registered 13. 1.1 Ti 1.2 N 1.3 S 1.4 C	TREET	t signsture required	when reinstating)	DATE	ND DIRECT	ORS IN 12	CR2E034 (11/98)
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14. I heraby certify that the information supplied with this simp toos not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutas. 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 trusted 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 paraddress, with all other like empowered.

SIGNATURE:

SIGNATIVE AND TYPED OR PREMIED HAME OF SERVING OFFICER OR DIRECTOR

3/16/99

385-716-0146