02181999-90091-016-\$159.00-\$159.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000025378

INTERNATIONAL EX-IMPORT INC.

FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90091 016 ***159.00

| Principal Plac 2190 N.W. 7TH MIAMI FL 3312 | AVENUE ? Hace of Business | Mailing Address 2190 N.W. 7TH AVENUE MIAM FL 33127 2a. Mailing Address 28 | | | | DO NOT WRITE IN THIS 3. Date incorporated or Qualifed 03/18/1998 4. FEI Number 65 08 28 /8 3 | SPACE A | oplied For ot Applicable | |
|---|---|--|---------------------------------|----------------------|-----------------|---|-----------------|-----------------------------|--|
| City & State | | Suite, Apt. #, etc. 27 City & State | | | | 5. Certificate of Status Desired | Fee Required | | |
| 23 Zip | Country | 28 | Cou | atas : | | 6Election Campaign Financing Trust Fund Contribution | Added | May de to Fees | |
| 24] | 25 | Zip 29 | 30 Cour | ııry | | This corporation owes the current year in Personal Property Tax. | 15)¥48 | □No | |
| 9. Name and Address of Gurrent Registered Agent GONZALEZ, ANTONIO L 2190 N.W. 7TH AVENUE MIAMI FL 33127 | | | | | | 10. Name and Address of New Registered ss (P.O. Box Number is Not Acceptable) | | | |
| office or n | to the provisions of Sections 607.05 opistored agent, or both, in the State of familiar with, and accept the obligi | of Florida, Such change was a | es, the ab | ove-nar | red como | ration submits this statement for the purpose of is board of directors. I hereby accept the appoint | changing its | registered | |
| | Signature, typed or printed name of registered age | | _ | igent signs | lare required v | when reinstating) DATE | | | |
| 12. | | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AN | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | PSTD GONZALEZ, ANTONIO L 2190 N.W. 7TH AVENUE MIAMI FL 33127 | □ ¢elete | | | ess | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS | | DELETE | 21 TM 22 NA | E | ESS | i . | Change | Addition | |
| TITLE NAME | | ☐ DELETE | 2. 4 CIT 3 1 TITL 3.2 NAM | | | | Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | | ☐ DELETE | 3.3 STR 3.4. C/T | EET ADDR Y-ST-ZIP | :53 | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS | | C) Deceie | | Æ EET ADDRI | ss | · | Change | [] Addition | |
| CITY-ST-ZIP TUTLE NAME STREET ADDRESS | | [] OELETE | 5.1 TITU 5.2 NAM 5.3 STR | EET ADDRI | 55 | | Change | Addition | |
| CITY-ST-ZIP TITLE NAME | · | ☐ DELETE | 6.1 TITL | Ε | 66 | | ☐ Change | ☐ Addition | |
| CITY-ST-ZIP | artify that the information supplied we | ith this filing does not qualify for | 64 CITY | | | ation 119.07(3)(i), Florida Statutes. I further cert | the that the in | formation. | |

14. 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, with all other the composition or the corporation.

SIGNATURE: __

SIGNATURE AND TYPED ON PRINTED HAME OF SIGNING OF FICER ON DIREC

1/27/1999

Daytime Phone #