FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katheriné Harris

Secretary of State DIVISION OF CORPORATIONS

712801

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90087 041 ***150.00

1. Corporation Name								
Off-GAN EXPORT & IMPORT				7,5,000 5200				
Principal Place of Business		Mailing Address						
1010 50.W	125 AUE.	(SP)	\sim	\				
· ·			776	/	DO NOT WRITE IN THIS	SPACE		
SUNB16e, FL. 33323					3. Date Incorporated or Qualified MARGH 19, 1998			
2. Principal Place of Busine	<u> </u>	a. Mailing Address			4. FEI Number	Ap	plied For	
21 Spme	26				65-0823201		ot Applicable	
Suite, Apt. #, etc.	0.7	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re		
City & State	27	City & State			6. Election Campaign Financing		<u> </u>	
23	28	1 -			Trust Fund Contribution	\$5.00 Added 1		
Zip	Country	Zip	Country		8. This corporation owes the current year In			
24	5 29] 3	0		Personal Property Tax.	Yes	□No	
9. Name a	nd Address of Current Regi	stered Agent			10. Name and Address of New Registered	Agent		
Vendel	ARAdi		81	Name				
II.		_	82 Street Addre		ress (P.O. Box Number is Not Acceptable)			
1010 D.W 123 AUE.				, , , , , , , , , , , , , , , , , , ,				
			83					
GUNRISE, FL. 33323		320	84	City	ر حق	85 Zip 0	Code	
					FL	<u> </u>		
office or registered ager	nt, or both, in the State of Flori , and accept the obligations o	ida. Such change was auth	norized by	the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	ntment as reg	gistered	
-3	, and decept the obligations o	i, Section 607.0505, Flund	a Siaiules.				I .	
SIGNATURE	, and decept the obligations o	i, Section 607.0505, Florid	a Sialules.					
SIGNATURE Signature, typed or	printed name of registered agent and title	e if applicable (NOTE: Re	egistered Agen		d when reinstating) DATE			
SIGNATURE Signature, typed or 12.	printed name of registered agent and title OFFICERS AND DIR	s if applicable (NOTE: Re	egistered Agen		d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AT			
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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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR