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FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90029 063 ***150.00
05-19-1999 90029 064 *****8.75

DOCUMENT - 1

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORID

DIVISION OF CORPORATIONS

589595 - 90008 - 10

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000036549

1. Corporation Name
AMERICAN EXPORT IMPORT & PURCHASING, INC.

Principal Place of Business
10715 S.W. 190 ST.- BAY 29
MIAMI FL 33157

Mailing Address
10715 S.W. 190 ST.- BAY 29
MIAMI FL 33157

3. Date Incorporated or Qualified
04/21/1998

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip 24 Country 25

Zip 29 Country 30

4. FEI Number 65-0830889 ☐ 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 the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FERIA, MAXIMILIANO
15451 S.W. 169 LANE
MIAMI FL 33187

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name/address)

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	FERIA, MAXIMILIANO	
STREET ADDRESS	15451 S W 169 LANE	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	DVPT	☐ DELETE
NAME	ORTEGA, UBALDINO I	
STREET ADDRESS	10715 S.W. 190 ST.- BAY 29	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	DS	☐ DELETE
NAME	FERIA, ALICIA M	
STREET ADDRESS	15451 S.W. 169 LANE	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SAME	☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DVPT	☐ Change ☒ ☐ Addition
2.2 NAME	ORTEGA UBALDINO .I	
2.3 STREET ADDRESS	10715 sw 190st bay#27	
2.4 CITY-ST-ZIP	MIAMI,FLORIDA 33157	
3.1 TITLE	SAME	☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: _____ 4/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)