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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90083 013 ***150.00

DOCUMENT #	P9800004	2777

4. Cornoration Name

I-PART E	EXPORT CORP.			E TORÁNDOS TIM TORAL TRANSPORTANTO ROSTI ARTIS DOSTI ARTIS TRANSPORTANTO DE LA CARRA DE LA CARRA	
Principal Place	e of Business	Mailing Address		T (BOTTER) (ID 1918) (BITT ORING BOTT ORING SOUTH DISTRIBUTION (SOUTH DOS) YEAR	
6400 S.W. 138T	TH CT.	6400 S.W. 138TH CT.			
#202 MIAMI FL 33183	2	#202 Miami Fl. 33183		DO NOT WRITE IN THIS SPACE	
MIAMI PL 3316	3	MINNI FL 33103		3. Date Incorporated or Qualified	_
				05/12/1998	ĺ
2. Principal P	face of Business	2a. Mailing Address		- FEI Number	
21		26		4. FEI Number 65-084 4613 Not Applicable	э_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22	<u> </u>	27		ree Required	
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax	
24	9. Name and Address of Curre		80	Personal Property Tax. Yes \(\text{No} \) 10. Name and Address of New Registered Agent	٦
	9. Name and Address of Curren	it Kegistered Agent	81 Name	10. 14.	П
	ASQUEZ, GLORIA E		82 Street Addre	ress (P.O. Box Number is Not Acceptable)	
6400 APT	SW 138TH COURT				_
	202 Al FL 33183		83		
17111-111	W 1 E 00100		84 City	FL 85 Zip Code	٦
44 Dureuant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the above-named corpo	the thin statement for the purpose of changing its registered	\dashv
office or n	egistered agent, or both, in the State	of Florida, Such change was aut	horized by the corporation	oration submitts into statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
	Allong John	1 daga 1 B		1/19/59	- 1
SIGNATURE	Signature, typed or printed name of registered age		egistered Agent signature required		_
12.	· ·	ND DIRECTORS' / ☐ DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	n or
TITLE	PD		1.1 TITLE 1.2 NAME	Grange Fraction	"
NAME	VELASQUEZ, GLORIA E 6400 S.W. 138TH CT.				ļ
STREET ADDRESS	MIAMI FL 33183		1.3 STREET ADDRESS		
CITY-ST-ZIP	SD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition	'n
TITLE	AQUIRRE, JUAN C		2.2 NAME		
NAME OTDEST ADDOCSO	6400 S.W. 138TH CT.		2.3 STREET ADDRESS		
STREET ADDRESS	MIAMI FL 33183		2. 4 CITY-ST-ZIP	and the second s	ĺ
CITY-ST-ZIP	MINIM 1 E 03 100	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	'n
NAME		_	3.2 NAME	1	- {
STREET ADDRESS			3.3 STREET ADDRESS	1	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u>.</u>	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	nc
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	1	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	ηı
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	,	
CITY-ST-ZIP			5.4 CITY+ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	n }

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 changes on an attachment with an addless, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP