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

DOCUMENT # P98000057150

1. Corporation Name

DIMENSION F.P.S. IMPORT AND EXPORT, CORP.

Principal	Place	of	Business

Mailing Address

2510 W 56 STREET #2219

2510 W 56 STREET #2219

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90055 048 ***150.00



HIALEAM PL 33016		HIALEAN PL 33016		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
					06/25/1998		
.2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		~ ~	- 65-0846418		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.7	5 Additional
22		27			5. Certificate of Status Desired	-	Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
=:'1	9. Name and Address of Currer		···		10. Name and Address of New Registers	d Agent	
			81	Name			
	ITAMARIA, CARLOS		<u> </u>	Chro	(D.O. Day Number is Man Assessed		
2510	O W 56 STREET #2219		82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
HIAL	EAH FL 33016		83		, , , , , , , , , , , , , , , , , , ,		
			84	City		85 Zi	ip Code
		10074500 51:11 0144	- 411	<u></u>	•		ita ragiotarad
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such change was au	s, the abov thorized by	/e-named corp / the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	pointment as	registered
agent. I a	ım familiar with, and accept the obliga	itions of, Section 607.0505, Flori	da Statute	s. '	, , ,		-
SIGNATURE	-						
	Signature, typed or printed name of registered age			ent signature require	ed when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	VD		1.1 TITLE			Chang	ge 🗌 Additio
NAME	SANTAMARIA, CARLOS		1.2 NAME				1
STREET ADDRESS	2510 W 56 STREET #2219		1.3 STREE	TADORESS			•
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY-1	ST-ZIP			<u> </u>
TITLE	PD	☐ DELETE	2.1 TITLE			☐ Chang	ge 🖸 Additio
NAME	SANTAMARIA, ELSA	•	2.2 NAME	1			
STREET ADORESS	2510 W 56 STREET #2219		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	-HIALEAH FL 33016	-	2.4 CITY	Ι,	· · · · · · · · · · · · · · · · · · ·	•	
TITLE	TD .	☐ DÉLETE	3.1 TITLE			Chang	ge Addition
NAME	PEREZ, DANIEL		3.2 NAME			- "	
	OF AD ME EC CONFET #0040			- 1			
STREET ADDRESS	HIALEAH FL 33016			TADDRESS			
CITY-ST-ZIP	VS	☐ DELETE	3.4. CITY-	SI-ZIP		☐ Chanc	ge Addition
TITLE	' '	(T) DETEN	4.1 TITLE	.			,~ <u> </u>
NAME	PEREZ, SANDRA	-	4. 2 NAME	1	•		
STREET ADDRESS			4.3 STREE	ET ADDRESS)			
CITY-ST-ZIP	HIALEAH FL 33016		4.4 CITY-	ST-ZIP	·		
TITLE	,	DELETE	5.1 TITLE			Chang	ge 🗌 Addition
NAME			5.2 NAME	1	•		
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Chang	ge Additio
NAME			6.2 NAME	1			
STREET ADDRESS			6.3 STREE	T ADDRESS			
SINEE! ALUKESS	100		64 CITY-1				

14. 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 suppliemental 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 all other like empowered.

305-512-8752