PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOOG

1. Corporation	PORT AND EXPORT, INC.		_					
Principal Place	e of Business	Mailing Address						
42 SW 34 AVE 42 SW 34 AVE								
MIAMI FL 33135	5	MIAMI FL 33135			DO NOT WRITE IN THE	S SPACE		
					3. Date Incorporated or Qualifed			
\					09/11/1998			1
2. Principal Pl	lace of Business	2a. Mailing Address	<u> </u>	_	4. FEI Number		piled For	
21		26			65-0867522		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		
22		27				Fee Re		
City & State	·	City & State			-6Election Campaign Financing	\$5.00 Added to		
23		28	Country		Trust Fund Contribution	_	o Fees	
Zip	Country	Zíp	Country		8. This corporation owes the current year I	ntangibie Yes	□No	
24	25		30		Personal Property Tax. 10. Name and Address of New Registere			
	9. Name and Address of Current	Kegistered Agent	81 Na	ame	TO. TRAINE BING ANDIOUS AT THE TRAINING			
l tom	ASELLI, VIERI	•	1-1					
	W 34 AVE		82 St	reet Addres	ss (P.O. Box Number is Not Acceptable)			
	A) FL 33135		83					
	(2 33 133		[35]	_			}	
!,			B4 Ci	ty	F	85 Zip C	ode	
44.5		and CO7 1509 Florida Statute	the shove-nar	med como	ration submits this statement for the purpose of	of changing its	registered	
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was au ons of, Section 607.0505, Flor	ithorized by the dida Statutes.	corporation	ration submits this statement for the purpose on's board of directors. It hereby accept the appropriate the submit of the purpose of the purp	ointment as reg	pistered :	
1								
SIGNATURE	State of the state		Rechtbered Ament sirm	ature required t	when reinauting) OATE]	<u> </u>
<u> </u>	Signature, typed or printed name of registered agent		Registered Agent sign	ature required t	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12	(98)
12.	OFFICERS AND			ature required		AND DIRECTO	RS IN 12	(11/98)
12. IIILE	OFFICERS AND	DIRECTORS	13.	ature required y				34 (11/98)
12. TITLE NAME	OFFICERS AND DPTS TOMASELLI, VIERI	DIRECTORS	13. 1.1 TITLE					E034 (11/98)
12. TITLE NAME STREET ADDRESS	OFFICERS AND DPTS TOMASELLI, VIERI 42 SW 34 AVE	DIRECTORS	13. 1.1 TITLE 12 NAME				Addition	R2E034 (11/98)
12. TITLE NAME	OFFICERS AND DPTS TOMASELLI, VIERI 42 SW 34 AVE MIAMI FL 33135	DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADD					CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE	DPTS TOMASELLI, MERI 42 SW 34 AVE MIAMI FL 33135 DPTS	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP			Change	Addition	CR2E034 (11/98)
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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 its 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, or or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90024 002 ***150.00

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