**FILED** 

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90015 034 \*\*\*150.00

## 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 # P98000086761

1. Corporation Name

**S&C EXPORT CORPORATION** 

Principal Place of Business		Mailing Address								
10325 SW 115 COURT MIAM! FL 33176		10325 SW 115 COURT MIAMI FL 33176								
							DO NOT	WRITE IN TH	S SPACE	
							ncorporated or Qual			
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number			X	App ied For	
21		26				1				Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				e Cortifo	ate of Status Desire	ed 🗆		5 Acditional
22					5. Certifo			Fee	Required	
City & Stat	te	City & State			6. Election	on Campaign Financ	ing		0 May Be	
23		28				Trust Fund Contribution Added to Fees				
Zip	Coun ry	Zip	Cou	ntry			orporation owes the	current year !		[7 <b></b> -
24	25	29	30	_			nal Property Tax.	Da -l-1	Yes	[]No
	9. Name and Address of Current	Registered Agent		81	Name	10, Name	and Address of N	ew Kegistere	Agent	
FERI	NANDEZ, ELOY A ESQ			"	Name		_			
	NW LE JEUNE RD, STE 632			82	Street Ad	iress (P.O. Box	x Number is Not Acc	ceptable)		
	MI FL 33126			83						
14117 W	III 1 E 00 120			"					_	
				84	City			FI	85 Z	ip Ccde
	to the provisions of Sections 607.0502	and 507 1509 Florida Statu	loc the o	hove	named co	poration subm	it: this statement for			its registered
office o	registered agent, or both, in the State o	o: Florida. Such change was a	authorized	j by	ine corpora	ion's board of	d rectors. I hereby a	ccept the app	intment as	registered
agent. I a	am familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Stat	utes.						
SIGNATURE	Signature, typed or printed nan e of registered agent	L tuto if positionals (NOT	- Danietoros	Agen	rianeture real	ed when reinstating		DATE		
12.	OFFICERS ANI		13.	, ragon	oignature roqu		CNS/CHANGES TO	OFFICERS A	ND DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 TV	TLE					Chang	
NAME	BENDIXEN, KLAUS		1.2 N	AME						
STREET ADDRESS	ARROS OUT AND COLLECT	135		1 3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33176		1,4 CI	1,4 CITY-ST-ZIP						
TITLE			2.1 Tr	2.1 T/TLE					☐ Chang	ge 🗌 Addition
NAME	<u> </u>		2.2 N	2.2 NAME						
STREET ADDRESS			2.3 \$	2.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33176 2.40		ITY-S	T-ZIP						
TITLE	☐ DELETE 31T		TLE					Chan	ge 🔲 Addition	
NAME			3.2 N	4ME						
STREET ADDRESS			3.3 S	TREET	ADDRESS					
CITY-ST-ZIP			34 0	ITY-S	T-ZIP					
TITLE	☐ DELETE 41		4 1 TI	1 TITLE					Chan	ge 🗀 Addition
NAME			4. 2 N	AME						
STREET ADDRESS			4.3 S	TREET	ADORESS					ļ
CITY-ST-ZIP			4.4 C	TY-S	-ZIP					
TITLE		☐ DELETE	5.1 TI						☐ Chan	ge
NAME	1		5.2 N	AME	I					
	1		1		i					1
STREET ADDRESS	6			TREET	ADDRESS					

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made uncer oath; that I am an officer or director of the corporation or the receiver or trustee employeed 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 only an attach right with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Addition

☐ Change