

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000086761

1. Entity Name
S&C EXPORT CORPORATION



Principal Place of Business
10325 SW 115 COURT
MIAMI, FL 33176

Mailing Address
10325 SW 115 COURT
MIAMI, FL 33176

FILED
Apr 19, 2004 08:00 AM
Secretary of State



02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3570738

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, ELOY A ESQ
782 NW LE JEUNE RD, STE 632
MIAMI, FL 33126

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
BENDIXEN, KLAUS
10325 SW 115 COURT
MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
BENDIXEN, HANS
10325 SW 115 COURT
MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

U000000120336
04/19/04-80127-022 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HANS H. BENDIXEN

04/15/2004 305 662

Date

Daytime Phone #

6141