FILE NOW. FILING FEE AFIER WAT 191 19 9000.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED May 13, 1999 8:00 am Secretary of State

1999			Secretary of St. DIVISION OF CORPO		Secretary of State	
DOCU 1. Corporatio	MENT# P	98000104603 _ų	lot		05-13-1999 90	044 036 ***150.00
нм в	REAL IMPOR	T & EXPORT,	INC.	A STATE STATE OF	<u> </u>	
ariog i gameraja	.:			¥ .,	:	•?
Principal Plac	e of Business	Maili	ng Address			1
7900	NW,67th.		00 NW. 67t		.}	<u>.</u>
Mian	ni Fl. 3	3166 Mia	ami Fl. 3	3166	DO NOT WRITE	IN THIS SPACE
	Aurelman .		· · · · · · · · · · · · · · · · · · ·	vir.	3. Date Incorporated or Qualified	
	Place of Business	2a. M	Mailing Address		4. FEI Number	Applied For
Suito Ant # etc			Suite, Apt. #, etc.		65-0881327	Not Applicable
Suite, Apt. #, etc.			ulle, Apr. #, elc.		5. Certifcate of Status Desired	.\$8.75, Additional
City & Stat	te	27 C	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Cour		· _	Country 30	This corporation owes the current Personal Property Tax.	year Intangible No
		ress of Current Register			10. Name and Address of New Reg	istered Agent
				81 Name		
ANTONIO SANCHEZ 82 Street Address (P.O. Box Number is Not Acceptable)						
7900 NW.67th.St. Miami Fl. 33166						
miai	mr rr. 551					77-0-4
			1 30	84 City	•	FL 85 Zip Code
11. Pursuant office or r	to the provisions of Se egistered agent, or bo	ections 607.0502 and 607. th, in the State of Florida. ccept the obligations of, Se	1508, Florida Statutes Such change was aut	s, the above-named of thorized by the corpo	corporation submits this statement for the puration's board of directors. I hereby accept the	rpose of changing its registered ne appointment as registered
SIGNATURE	iiii airiila wilii, airo ac	, cept the obligations of	seaon 607.0505, 1 lone	da Olajules.		
L		me of registered agent and title if ap		Registered Agent signature re		DATE
12.	P	OFFICERS AND DIRECT	ORS DELETE	1.1.IIILE # 5	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
NAME	ANTONIO S	ANCHEZ		1.2 NAME		5
STREET ADDRESS	10750 S.W	. 67th. Ter:	race	1.3 STREET ADDRESS		· }
CITY-ST-ZIP	Miami Fl.	33173	CROSS ST	1.4 CITY-ST-ZIP		
TITLE	VPST	•	DELETE -	2.1 TILE		☐ Change · ☐ Addition) C
NAME	MATEO SAN		<i>;</i>	2.2 NAME	, .	·
STREET ADDRESS	1 10720 B.W	.67th. Terra	ace	2.3 STREET ADDRESS	* <u>-</u>	n dusering a
CITY-ST-ZIP TITLE	Miami Fl.	_331/3	DELETE	2.4 CITY-ST-ZIP		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS	•	
CITY-ST-ZIP				3.4. CITY-ST-ZIP		
TITLE			☐ DELETE	4.1 TITLE		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP				4.3 STREET ADDRESS		}
TITLE			☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME				52 NAME		
STREET ADDRESS	,			5.3 STREET ADDRESS	•	,
CITY-ST-ZIP				5.4 CITY-ST-ZIP		
TITLE			☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	*-		['] **	6.2 NAME 6.3 STREET ADDRESS	•	,
STREET ADDRESS CITY-ST-ZIP			<u>a</u>	6.4 CITY-ST-ZIP		
	certify that the informat	ion ounstind with this filing		17 -	in Section 119 07(3)(i) Florida Statutes I fur	the partition that the information

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 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

04/10/99

305-592-0394

Date