


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90045 001 ***150.00
01-26-2004 90045 002 *****8.75

DOCUMENT # P99000032271 1. Entity Name DRK IMPORT-EXPORT CORPORATION	
--	---

Principal Place of Business 5333 COLLINS AVENUE 701 MIAMI, FL 33140-2511	Mailing Address 5333 COLLINS AVENUE 701 MIAMI, FL 33140-2511
--	--

DO NOT WRITE IN THIS SPACE

66400294

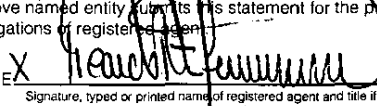


01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0909868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEVI, RAIMUNDO 224 CATALONIA AVE. CORAL GABLES, FL 33134	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:  X **01/21/04**

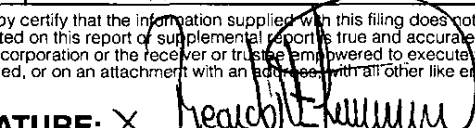
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, RICARDO PONTES 5333 COLLINS AVENUE, SUITE 701 MIAMI, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NUNES SOUZA, KELLY C 5333 COLLINS AVENUE, SUITE 701 MIAMI, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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)(i), 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:  X **01/21/04** **(305) 867-5960**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #