2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90069 026 ***150.00

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1. Entity Name
W.C.J. EXPORT-IMPORT, INC.

Principal Place of Business
1320 S. DIXIE HIGHWAY
SIXTH FLOOR
CORAL GABLES, FL 33146

Mailing Address
1320 S. DIXIE HIGHWAY
SIXTH FLOOR
CORAL GABLES, FL 33146

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03292004 No Chg P CR2E034 (10/03)

4. FEI Number
65-0945381

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUNCAN, ROSARIO P.
1320 S. DIXIE HIGHWAY
SIXTH FLOOR
CORAL GABLES, FL 33146

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when not changing)

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. OFFICER AND DIRECTORS

TITLE	D
NAME	MENDEZ, JUAN CARLOS
STREET ADDRESS	ESPANA 1183 FLORIDA PROVINCIA
CITY-ST-ZIP	DE BUENOS AIRES ARGENTINA, 1602
TITLE	D
NAME	DIMENNA DE MENDEZ, TERESA CARMEN
STREET ADDRESS	ESPANA 1183 FLORIDA PROVINCIA
CITY-ST-ZIP	DE BUENOS AIRES ARGENTINA, 1602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 asterisk.

SIGNATURE: Juan Carlos Mendez JUAN CARLOS MENDEZ, Director 4/13/04 c/o 305-668-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Phone #

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