## FILED Apr 03, 2003 8:00 am

UNIFURM BUSINESS REPURT (UBK)				7101 00, 2000 0.00 um		
DOCUMENT # P9900071572  1. Entity Name F.R. IMPORTACAO E EXPORTACAO, CORP.				Secretary of State 04-03-2003 90126 048 ***150.00		
Principal Place of Business Mailing Address 7710 S.W. 103 PL. MIAMI FL 33173 MIAMI FL 33173					(C) (H) () (H) (	
2. Principal Place of Business		3. Mailing Address			'A' 11881 B1111 18818 1181 1181	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0948639	Applied For Not Applicable	
Zip	Country	Zíp	Country		8.75 Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
RICO, ROSA MARIA 7710 S.W. 103 PL. MIAMI FL 33173			Name Street Address	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code	
the obligations of regis	y submits this statement for tered agent. OS A Section of printed name of registered agent a	WLARIA RI	egistered office or regist	ered agent, or both, in the State of Florida. I am fa	miliar with, and accept	
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE DP  NAME RICO, ROS  STREET ADDRESS 7710 S.W.  CITY-ST-ZIP MIAMI FL	103 PL.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		Change Addition	

CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2003 FOR PROFIT CORPORATION

Daytime Phone #