

REINSTATEMENT
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

1082

FILED

04 SEP 30 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000041815090
10/12/04--01035--013 **750.00

REINSTATEMENT 03-04

DOCUMENT # P99000082013

1. Entity Name

M + D Import and Export, Corp.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

344 NW 136 Place

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33182

Country

Zip

Country

4. FEI Number

65-0947699

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Raul Carrazana

344 NW 136 Place

Miami

FL 33182

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

Raul Carrazana

Signature of the registered agent must be accompanied by the following:

(NOTE: Registered Agent signature required on this statement)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 DIRECTORS

TITLE	P	NAME	Carrazana, Raul	TITLE		NAME	
STREET ADDRESS	344 NW 136 Place	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP	Miami, FL 33182	CITY-STATE-ZIP		CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	VP	NAME	Medina, Carlos R.	TITLE		NAME	
STREET ADDRESS	4130 SW 108 Ave	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP	Miami, FL 33145	CITY-STATE-ZIP		CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		NAME		TITLE		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP		CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		NAME		TITLE		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP		CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		NAME		TITLE		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP		CITY-STATE-ZIP		CITY-STATE-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)(b), 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 907, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like and varied.

SIGNATURE:

Raul Carrazana

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiring Period

CR2E0346 (12/02)

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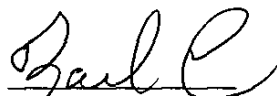
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$750.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2000 thru 2004 or any other notice from the Division of Corporations in respect with the Corporation **M&D IMPORT AND EXPORT, CORP.**

Thank you for your courtesy in this matter.


RAUL CARRAZANA
PRESIDENT