

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90406 043 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                                                                                                                                                                                                                         |  |
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| <b>PROFIT CORPORATION ANNUAL REPORT 2001</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       |  <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b>                         |  |
| <b>DOCUMENT # P99000099814</b><br>1. Corporation Name<br><b>SWANA IMPORT &amp; EXPORT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                                                                                                                                                                                                                         |  |
| Principal Place of Business<br><b>1995 W. COMMERCIAL BVD, C</b><br><b>FT. LAUDERDALE, FL 33309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       | Mailing Address<br><b>1995 W. COMMERCIAL BVD, C</b><br><b>FT. LAUDERDALE, FL 33309</b>                                                                                                                                                  |  |
| 2. Principal Place of Business<br>21 <b>3284 N. STATE RD. 7</b><br>Suite, Apt. #, etc.<br>22 City & State<br><b>LAUDERDALE LAKES, FL</b><br>Zip Country<br><b>33319 USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       | 2a. Mailing Address<br>26 <b>3284 N. STATE RD. 7</b><br>Suite, Apt. #, etc.<br>27 City & State<br><b>LAUDERDALE LAKES, FL</b><br>Zip Country<br><b>33319 USA</b>                                                                        |  |
| 3. Date Incorporated or Qualified<br><b>11/15/99</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       | 4. FEI Number<br><b>65-0964695</b>                                                                                                                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                      |  |
| 7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | 8. Name and Address of New Registered Agent<br>81 Name <b>JOSEPH K. NOFIL, PA</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>3284 N. STATE RD. 7</b><br>83 City <b>LAUDERDALE LAKES FL</b> 85 Zip Code <b>33319</b> |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.                                                                                                                                                                                                 |                                                                                       |                                                                                                                                                                                                                                         |  |
| SIGNATURE <b>4/30/01</b><br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                                                                                                                                                                         |  |
| <b>12. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       | <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>                                                                                                                                                                            |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PRESIDENT, SECRETARY<br>ELEAZAR SUAREZ<br>CALLE 98-114, 201<br>BARRANQUILLA, COLOMBIA | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                                                                                                        |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | VPDT<br>LYDA NAVARRO<br>CALLE 98-114, 201<br>BARRANQUILLA, COLOMBIA                   | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP                                                                                                        |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP                                                                                                        |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP                                                                                                        |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                                                                                                        |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP                                                                                                        |  |
| 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: <b>Alba Navarro</b> VP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                       | <b>4/26/01 954-484-5533</b>                                                                                                                                                                                                             |  |