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**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of States DIVISION OF CORPORATIONS

DOCUMENT # S04950

LLVENÉ IMPORT & EXPORT INC.

(9)

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



| - EC  | <u> </u>  |                            |                         |              |                  |  | HA BINI'N BIRIT :         |               |                       | 1811 JANU            |
|---|---|----------------------------|-------------------------|--------------|------------------|--|---------------------------|---------------|-----------------------|----------------------|
| Principal Place of Business Mailing Address |   |                            |                         |              |                  | a samethen ter makin bingan angan meter ar   | PER <b>DEWEG BARA</b> D I |               |                       | 1841 (# <b>9</b> 1   |
| 17.NW 74TH AVE. 8551 NW 74TH AVE.           |   |                            |                         |              |                  |  |                           |               |                       |                      |
| <b>VII</b> , FL 831                         | <b>85</b>   | MIAMI FL 33166-3636<br>US  |                         |              |                  |  |                           |               |                       |                      |
| 10 TO                                       |   | •                          |                         |              |                  | 3. Date Incorporated or Qualified            |                           | ate of La     |                       | port                 |
| XI  |   |                            |                         |              |                  | 10/10/1990                                   | 06/                       | 20/19         | 96                    |                      |
| Principal                                   | Place of Business ) W 56  | 2a. Mailing Address        | ·                       |              |                  | 4. FE≀ Number                                |                           |               | App                   | lled For             |
| JE DC                                       | <del>/</del>  |                            |                         |              | ·                | 65-0219642                                   |                           |               |                       | Applicabl            |
| Bulte, Apt.                                 | . <b>4, 6</b> tc.   | Suite, Apt. #, etc.        |                         |              |                  | 6. Certificate of Status Desired             |                           |               | <b>75</b> Ad<br>e Red | dditional            |
| GINA Ste                                    | te N T .  | City & State               |                         |              | <del>+</del>     | 6. Election Campaign Financing               |                           |               |                       | Aav Be               |
| TALE STATE                                  | Hu FC.  | 28                         |                         |              |                  | Trust Fund Contribution                      |                           |               | ded to                |                      |
| あっつ   | Country   | Zip                        | Count                   | У            |                  | 8. This corporation has liability fo         | r igtangible              | tax und       | der s.                | 199.032.             |
| 国業公グ  | 25  | 29                         | 30                      |              |                  |  | Yes [                     |               |                       |                      |
|   | 9. Name and Address of Current  | Registered Agent           | 8                       | <del>п</del> |                  | 10. Name and Address of New R                | egistered                 | Agent         |                       |                      |
|   | TO, JOSE  |                            | 8                       | Nar          | ne               |  |                           |               |                       |                      |
|   | 3 NW 49TH TERRACE   |                            | 6:                      | Stre         | et Addre         | ess (P.O. Box Number is Not Accepta          | ible)                     |               |                       |                      |
| MIA MIA                                     | M/FL 33166  |                            | 8:                      | -            | ~ <del>~~~</del> |  |                           |               |                       |                      |
|   | **  |                            | L                       |              |                  |  |                           |               |                       |                      |
| 任存權   | <b>4</b> .  |                            | 8-                      | City         | ,                |  | FL                        | 85            | Zip C                 | ode                  |
| 11. Pursuant                                | to the provisions of Sections 607.0502 registered agent, or both, in the State of | and 607,1508. Florida Stat | utes the abo            | /e-nam       | ed corpo         | oration submits this statement for the       |                           | chang         | ino its               | registered           |
| SIGNATURE                                   | Signature, typed or printed name of registored agen<br>OFFICERS AND               | DIRECTORS                  | O1E Registered A        | ent signa    | sture requirés   | d when reinstating) ADDITIONS/CHANGES TO OFF | DATE<br>ICERS AND         | DIREC         | TORS                  | IN 12                |
| TITE :                                      | PDT   | DELETE                     | 1.1 Title               |              |                  |  |                           | Cha           | nge                   | Addition             |
|   | VITTO, JOSE O   |                            | 1.2 NAME                |              |                  |  |                           |               |                       |                      |
| <b>STREET ADORESS</b>                       | 9733 NW 49TH TERRACE  |                            | 1.3 STHEE               |              | SS               |  |                           |               |                       |                      |
| ANTY-ST-ZIP                                 | MAMI FL 33188   | DELETE                     | 1.4 CITY -<br>2.1 TITLE | S1 - ZIP     | -                |  |                           | Cha           | nga .                 | Addition             |
| NAME  | VITTO, ALVARO A   | _ pattie                   | 2.1 THEE                |              | 17               | RIANA HUAMANI                                |                           | L. J. C.110   | ngo                   | Z AUUIIIOI           |
| STREET ADDRESS                              | 0733 NW 49TH TERRACE  |                            | 2.3 STREE               |              | SS /+ D          | LEGUEU) 140 CA                               | _                         |               |                       |                      |
| CITY ST ZIP                                 | NIAMI FL 33166  |                            | 2.4 CITY                |              | ~                | 1594 3 W 149 CT                              | <b>,</b>                  |               |                       |                      |
| mue.  | TADRIANA HUG  | mani DELETE                | 3.1 TITLE               |              |                  |  |                           | Cha           | пде                   | Addition             |
| NAME  | 11594 8W 149  | **                         | 3.2 NAME                |              | 1                |  |                           |               |                       |                      |
| STREET ADDRESS                              | X   |                            | 3 3 STREE               |              | ss               |  |                           |               |                       |                      |
| CITY-ST-ZIP                                 | MIAM FL 3316  | 6 DELETE                   | 3.4. CITY               | S1:21P       |                  |  | <del>1-1-</del> 13        | <u>54</u>     | 3-                    |                      |
| TITLE                                       |   |                            | 4.1 TITLE               |              |                  | -03/11<br>-03/11                             | 797C                      | HIT           | ) <sub>76</sub> -C    | DB <sub>eaumor</sub> |
| STREET ADDRESS                              |   |                            | 4. 2 NAM<br>4.3 STREE   |              | ee l             | 米米米米1  | 65.00                     | <b>弹:排</b> :排 | *16                   | 5.00                 |
| CITY-ST-ZIP                                 |   |                            | 4.3 STREE               |              | 35               |  |                           |               |                       |                      |
| TITLE **                                    |   | DELETE                     | 5.1 TITLE               | OI-ZIF       | -                |  |                           | Cha           | nge                   | Addition             |
| NAME  |   | -                          | 5.2 NAME                |              |                  |  |                           |               | -                     |                      |
| STREET ADRESS                               | }   |                            | 5.3 STREE               | 1 ADDRE      | ss               |  |                           |               |                       |                      |
| 0117-\$1-2P                                 |   |                            | 5.4 CITY-               | \$1 - ZIP    |                  |  | _ لىغىد                   |               |                       |                      |
| time 🖟                                      | ·   | DELETE                     | 6.1 TITLE               |              |                  |  | IV.                       | Cha           | nge                   | Addition             |
| er of                                       | 1   |                            | 6.2 NAME                |              |                  | U" 21,                                       | 1147                      | •             |                       |                      |
| ISTREET ADDRESS                             |   |                            | 6.3 \$1REE              |              | 3S               | A.   | H' (                      |               |                       |                      |
| NTY-ST-PIP                                  | 1   |                            | 64 CITY                 | C1_7ID       | - 1              | •  | ` [                       |               |                       |                      |

The hereby certify that the information supplied with this filing does not qualify to 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.