

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrland
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -6 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S06341 (9)

**1. Corporation Name
DELUX IMPORT & EXPORT CORPORATION**

Principal Place of Business Mailing Address
11800 SW 24TH TERRACE 11800 SW 24TH TERRACE
MIAMI FL 33175 MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
10/08/1990 05/01/1994

4. Fed Number Applied For
65-0220582 Not Applicable

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

6. Taxed on Receipt of Dividends \$5.00 May Be Added to Fees

8. This corporation has adopted or intends to adopt a written Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 State Apt # etc 26 State Apt # etc
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAJAS, FAUSTO
11800 SW 24TH TERRACE
MIAMI FL 33175**

81 Name
82 Address (Street, P.O. Box Number is Not Acceptable)
83
84 City **85 Zip Code**

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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

(Signature of Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
12a. NAME	DP CAJAS, FAUSTO 11800 SW 24TH TERRACE MIAMI FL	13a. NAME	
12b. STREET ADDRESS		13b. STREET ADDRESS	
12c. CITY, ST. ZIP		13c. CITY, ST. ZIP	
12d. NAME		13d. NAME	
12e. STREET ADDRESS		13e. STREET ADDRESS	
12f. CITY, ST. ZIP		13f. CITY, ST. ZIP	
12g. NAME		13g. NAME	
12h. STREET ADDRESS		13h. STREET ADDRESS	
12i. CITY, ST. ZIP		13i. CITY, ST. ZIP	
12j. NAME		13j. NAME	
12k. STREET ADDRESS		13k. STREET ADDRESS	
12l. CITY, ST. ZIP		13l. CITY, ST. ZIP	
12m. NAME		13m. NAME	
12n. STREET ADDRESS		13n. STREET ADDRESS	
12o. CITY, ST. ZIP		13o. CITY, ST. ZIP	

14. I do hereby certify that the individuals registered with this filing are voluntarily licensed and do not qualify for the exemption stated in Sections 119.07, 119.08, Florida Statutes. I further certify that the information indicated on this annual report or any previously prepared report is true and accurate and that my registration and fees for such report are in full. I am an officer or director of the corporation or the receiver or trustee empowered to file this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of or back of (changed) or on an attachment with an address.

SIGNATURE: *Fausto Cajás*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-20-95

CR2E034 (3/95)