FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 AM 8:40

DOCUMENT # **S16170** (0)

1. Corporation Name
AMEXPORT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
4960 SOUTHWEST 72ND AVENUE S303 MIAMI FL 33155	4960 SOUTHWEST 72ND AVENUE S303 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/14/1990	06/01/1994

2. Principal Place of Business	2a. Mailing Address
21 10680 SW 113 PLACE	26 10680 SW 113 PLACE
Suite, Apt. #, etc. 22 101	Suite, Apt. #, etc. 27 101
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33176 Country 25	Zip 29 33176 Country 30

4. FEI Number 65-0236849 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MONTANE, MARCELA 4960 SOUTHWEST 72ND AVENUE S303 MIAMI FL 33155	81 Name: ALVARO GREVE 82 Street Address (P.O. Box Number is Not Acceptable): 10680 SW 113 PLACE 83: # 101 84 City: MIAMI FL 85 Zip Code: 33176

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 _____ (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	MONTANE, FERNANDO R.	12 NAME		
STREET ADDRESS	4960 SW 72 AVENUE #303	13 STREET ADDRESS	10680 SW 113 PLACE #101	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI FL 33176	
TITLE	STD	21 TITLE		☒ Change ☐ Addition
NAME	MONTANE, MARCELA G	22 NAME		
STREET ADDRESS	4960 SW 72 AVENUE #303	23 STREET ADDRESS	10680 SW 113 PLACE #101	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	MIAMI FL 33176	
TITLE	VD	31 TITLE		☒ Change ☐ Addition
NAME	ROJAS, MARCELA E	32 NAME		
STREET ADDRESS	4960 SW 72 AVENUE #303	33 STREET ADDRESS	10680 SW 113 PLACE #101	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	MIAMI FL 33176	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: _____ Date _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Typed Name

0164417 CP