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Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S20848** (5)

1. Corporation Name
MIAMI EXPORTS ENTERPRISES, INC.

Principal Place of Business
**2001 NE 196TH TERRACE
MIAMI FL 33179-3631**

Mailing Address
**2001 NE 196TH TERRACE
MIAMI FL 33179-3631**



2. Principal Place of Business
21 **1100 No Miami Ave**
Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State
23 **Miami FL**

27 City & State
28

24 Zip **33136** 25 Country **USA**

29 Zip **33179** 30 Country

3. Date Incorporated or Qualified
12/20/1990

3a. Date of Last Report
03/16/1996

4. FEI Number
65-0241349 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

**PADRON, MARTA
2001 NE 196TH TERRACE
MIAMI FL 33179-3631**

10. Name and Address of New Registered Agent

81 Name **Padron Reynaldo**
82 Street Address (P.O. Box Number is Not Acceptable)
2001 NE 196 Terrace
83
84 City **No. Miami Beach** FL 85 Zip Code **33179**

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

[Signature] **pres**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PADRON, MARTA	
STREET ADDRESS	2001 N.E. 196TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	PADRON, REYNALDO	
STREET ADDRESS	2001 N.E. 196TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Padron Reynaldo	
13 STREET ADDRESS	2001 NE 196 Terrace	
14 CITY-ST-ZIP	No Miami Beach FL 33179	
21 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Padron Marta	
23 STREET ADDRESS	2001 NE 196 Terrace	
24 CITY-ST-ZIP	No. Miami Beach FL 33179	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **2/4/97** **305 530 0024**

CR2E034 (9/96)