FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # \$30975

(4)

IMPORT & EXPORT SERVICES CORP.

Principal Place of Business Mailing Address

7143 S.W. 23RD ST. MIAMI FL 33155 7143 S.W. 23RD ST. MIAMI FL 33155



								3		orporale 6/199	ed or Qualified	3a. Date	of Last F 6/13/19		
2. Principal Pla	ice of Busine	ess	2a. Mailing Address				4	4. FEI Number				L	Applied For		
21			26						65-0247632 Not Applic					Not Applicable	
Suite, Apt. #	, etc.		Suite, Apt. #, etc.				5	5. Certificate of Status Desired \$8.75 Additional Fee Required							
City & State			Orty 8	City & State					Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees			
Zip 24				1 '1		ountry		8	8. This corporation has liability for int Florida Statutes				•		
	g, Name	and Address of Current	l Registered	Agent				10	, Name a	nd Add	ress of New I	Registered .	Agent		
						61	Name								
Carbon, Washington 7143 S.W. 23RD St.						82 Street Addr			dress (P.O. Box Number is Not Acceptable)						
MIAMI FI						3									
						B4	City					FI	85 Z	ıp Code	
or registere	ed agent, or	ons of Sections 607.0502 both, in the State of Florid pt the obligations of, Section	ia. Such chang	ge was authorize	s, the abo d by the c	orpo corpo	named co pration's	prporation board of o	submits th directors. I	is stater hereby	ment for the pu accept the app	irpose of cha pointment as	nging its registere	registered office d agent. I am	
SIGNATURE _	Signature, typed	or printed name of registered agent i	and Mig if applicable	6 (N OT)	E Flegisticed	 I Agen	Isgnal no n	equired when	ror stating)			DATE			
12.		OFFICERS AND	DIRECTORS		13.				ADDITIO	NS/CHA	NGES TO OFF	ICERS AND	DIPLOTO	ORS IN 12	
TITLE	D			□ \$ OELETE	1 1 1	iile			BOTU				Change	Addition	
NAME	CARBO	N, JORGE A			12 N	AME					CARBON				
STREET ADDRESS	5828 B	Lones vis			135	REET	ADDRESS	714.	3 50	235	street				
CITY-ST-ZIP	MONTE	VIDEO, URUGUAY			1.4 0	ITY-S	T- Z IP	HIL	n.	FL	33155				
TITLE	DIRE			DELETE \	2 1 T	ITLE						[Change	Add tion	
NAME	WASH	INGTON CARBO	N . FF	PECTIVE)	22 N	AME									
STREET ADDRESS	7143	5W 23 Street		(1-1-96		REET ADDRESS									
CITY-ST-ZIP	MIALI	i FL 33155	()-	-1-176	240	ITY-S	T-ZIP								
TITLE				DELETE	3 1 T	ITLE							Change	Addition	
NAME					32 N	AME									
STREET ADDRESS					3.3 8	IREET	ADDRESS								
CITY-ST-ZIP		W 400 W 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			34C	ITY - S	1-ZIP			*** *** *** *** *** *					
TITLE				☐ DEFELF	4. 1 T	ITLE							Change	Add:tion	
NAME					42 N	AME									
STREET ADDRESS					4.3 S	REET	ADDRESS								
CITY-ST-ZIP					4.4 C	ITY-\$	T-ZIP								
TITLE				DELETE	5 1 T	ITLE						[Change	Addition	
NAME					52 N	AME.									
STREET ADDRESS					538	REET	ADDRESS								
CITY-ST-7IP					54C	ITY - S	T - ZIP								
TITLE	··			☐ DELETE	6 1 7]	Change	Addition	
NAME					62 N	AME									
STREET ADDRESS					6.3 S	TREET	ADORESS								
CITY-SI-7IP						ITY-S									
	v certify that	the information supplied v	vith this filma i:	s voluntarily furnis				i	exemption	n stated	in Section 119	0.7(3)(k) Flo	cicla Stati	ites Uturther	

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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #