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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S35481 (8)
1. Corporation Name
EXPORT-IMPORT MACHINERY AND PART SUPPLIES, INC.

Principal Place of Business Mailing Address
**5220 N.W. 72ND AVENUE, UNIT 28
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/04/1991	04/14/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0271366	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		☒ ☐	\$5.00 May Be Added to Fees
Zip		Country		6. Election Campaign Financing	Trust Fund Contribution
24		25		29	30
25		26		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
27		28		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RAMIREZ, CRISTIAN 5220 N.W. 72ND AVE. MIAMI FL 33166		81 Name BENJAMIN HERRERA 82 Street Address (P.O. Box Number is Not Acceptable) 5220 N.W. 72 AVENUE UNIT 28 83 84 City MIAMI FL 85 Zip Code 33166	

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 **BENJAMIN HERRERA** DATE **04-11/95**
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reappointing DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	RAMIREZ, CRISTIAN	1.2 NAME	BENJAMIN HERRERA
STREET ADDRESS	5220 N.W. 72ND AVE	1.3 STREET ADDRESS	5220 N.W. 72 AVENUE UNIT 28
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	MIAMI, FL 33166
TITLE		2.1 TITLE	V
NAME		2.2 NAME	CRISTIAN RAMIREZ
STREET ADDRESS		2.3 STREET ADDRESS	5220 N.W. 72 AVENUE UNIT 28
CITY - ST - ZIP		2.4 CITY - ST - ZIP	MIAMI, FL 33166
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(b), 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 my name.

SIGNATURE: **BENJAMIN HERRERA** DATE: **04-11/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Signature (Print Name)