

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

02 MAY 17 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S51485

(8)

1. Corporation Name

IMPORT EXPORT B P CORP.

Principal Office Address

11305 S.W. 67TH AVENUE  
MIAMI FL 33156

Mailing Address

11305 S.W. 67TH AVENUE  
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

05/10/1991

3a. Date of Last Report

04/13/1994

4. FID Number

65-0262804

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. Does corporation have liability for admissibility under 15 U.S.C. 1221a-2?  
Franchise Statute ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BRINGAS, OSCAR  
11305 S.W. 67TH AVENUE  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81. Name

82. Street Address (Rt. Box Number or Post Office Box)

83.

84. City

FL

85. Zip Code

11. I, the undersigned, being a resident of this State, do hereby certify that the above named corporation is duly organized under the laws of this State, and that the information herein furnished is true and correct to the best of my knowledge and belief. I am a duly qualified and authorized officer of the corporation, and I am duly qualified and authorized to execute this certificate.

Signature

PD  
BRINGAS, OSCAR  
11305 S.W. 67TH AVE.  
MIAMI FL

13. Agent's Name and Address (If different from above, list name and address of agent)

86. Name

87. Street Address

88. City

89. State

90. Zip Code

91. Name

92. Street Address

93. City

94. State

95. Zip Code

96. Name

97. Street Address

98. City

99. State

100. Zip Code

101. Name

102. Street Address

103. City

104. State

105. Zip Code

14. I, the undersigned, being a resident of this State, do hereby certify that the above named corporation is duly organized under the laws of this State, and that the information herein furnished is true and correct to the best of my knowledge and belief. I am a duly qualified and authorized officer of the corporation, and I am duly qualified and authorized to execute this certificate.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF MONITOR OFFICER OR DIRECTOR

5-11-95