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FILED
Jun 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S54859

1. Corporation Name

ALL EXPORT SERVICES, INC.

Principal Place of Business

5590 NW 84th AVE.
MIAMI, FL. 33166

Mailing Address

SAME

3. Date Incorporated or Qualified
05-22-91

3a. Date of Last Report
05-20-96

2. Principal Place of Business

21 5590 NW 84th AVE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

MIAMI, FL.

28 City & State

29 City & State

24 Zip

33166

25 Country

DADE

29 Zip

30 Country

4. FEI Number

65-0268197

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

JARAMILLO, GLORIA
19195 MISTIC POINT DRIVE
AVENTURA, FL. 33180

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME JARAMILLO, GLORIA INES
STREET ADDRESS 19195 MISTIC POINT DRIVE
CITY-ST-ZIP AVENTURA, FL. 33180 ☐ DELETE

TITLE V
NAME JARAMILLO, JORGE HERNAN
STREET ADDRESS 19195 MISTIC POINT DRIVE
CITY-ST-ZIP AVENTURA, FL. 33180 ☐ DELETE

TITLE S
NAME LA ROTTA, BLANCA V.
STREET ADDRESS 500 SE 11th ST., APT. I
CITY-ST-ZIP FT. LAUDERDALE, FL. 33166 ☐ DELETE

TITLE T
NAME LA ROTTA, MONICA
STREET ADDRESS 19195 MISTIC POINT DRIVE
CITY-ST-ZIP AVENTURA, FL. 33180 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

800002208268

-06/11/97--01006--037

***165.00

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27/97

CR2E034 (9/96)