FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 5:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S59573 (3)

1. Corporation Name
MIA EXPORT INTEROCEANIC MERCHANDISE EXCHANGE, IN
C.

Principal Place of Business	Mailing Address
6915 NW 46TH ST. SUITE 414 MIAMI FL 33166 US	6915 NW 46TH ST. MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualified: 06/11/1991
3a. Date of Last Report: 05/10/1994

2. Principal Place of Business	2a. Mailing Address
21 7324 N.W. 56 St.	26 7324 N.W. 56 St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Fl. 33166	City & State 28 Miami, Fl. 33166
Zip 24 33166 / Country 25 U.S.A	Zip 29 33166 / Country 30 U.S.A.

4. FEI Number: 65-0270293 — 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 [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DELCORTO, LUIS 6915 NW 46TH ST. MIAMI FL 33166	81 Name: Luis Delcorto 82 Street Address (P.O. Box Number is Not Acceptable): 7324 N.W. 56 St. 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 Luis Delcorto/Pres. [signature] 4-26-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PST	1 TITLE	PST [X] Change [ ] Addition
NAME	DELCORTO, LUIS	1 NAME	DELCORTO, LUIS
STREET ADDRESS	361 WEST PARK DR #4	1 STREET ADDRESS	7324 N.W. 56 St.
CITY-ST-ZIP	MIAMI FL	1 CITY-ST-ZIP	MIAMI, FL. 33166
TITLE	VD	2 TITLE	VD [X] Change [ ] Addition
NAME	DELCORTO, LUIS	2 NAME	DELCORTO, LUIS
STREET ADDRESS	361 WEST PARK DR #4	2 STREET ADDRESS	7324 N.W. 56 ST.
CITY-ST-ZIP	MIAMI FL	2 CITY-ST-ZIP	MIAMI, FL. 33166
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(i)(k), Florida Statutes. I further certify that the information indicated on the 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: Luis Delcorto/Pres. [signature] 4-26-95 305-888-2709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0183218 CP