FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (3) S59573 **DOCUMENT #** MIA EXPORT INTEROCEANIC MERCHANDISE EXCHANGE, IN Principal Place of Business Mailing Address 7324 NW 56 TH ST 7324 NW 56TH ST MIAMI FL 33166 SUITE 414 3a. Date of Last Report US 3. Date Incorporated or Qualified MIAMI FL 33166 US 05/01/1995 06/11/1991 Applied For 4. FEI Number 2a. Maling Address 2. Principal Place of Business Not Applicable 65-0270293 \$8.75 Additional Suite Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s 199.032. Country Country Zin Ζıρ Yes No Florida Statutes 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Street Address IP.O. Box Number is Not Acceptable) **DELCORTO, LUIS** -7324 NW 56 SI JAG9 N.W. 72 BUE JAHAMIFL 23166-MIAMI FI 33166 5569 N.W. 72 AVE. 83 APT#414 Zip Code 33141 84 MIAMI BEACH, 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. 5-06-96 SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition [] DELFTE **PST** TITLE 1.2 NAME DELCORTO, LUIS NAME 7324 NW 56 SI 5569 W.W. 72 AVE 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP MIAMI FL 33/66 CHTY-S1-ZIP Change Addition DELETE 2 1 Hh E TITLE VD 22 NAME **DELCORTO, LUIS** NAME 7324 NW 50 ST JJGS N.W. 72 MUE 2.3 SUBFET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP MIAMI FL 331 66 CITY - S1 - ZIF Addition Change DELETE 3 1 1014 TOTALE 3.2 NAME NAME ELISA ALVAREZ 3.3 STREET ADDRESS 5569 N.W. 72 AVE. MIAMI , FL. 33141 STREET ADORESS 3.4 CUTY ST-ZIF City - \$1 - ZiP Addition ☐ Change 4 1 Till Lit

6.4 CHY-S1-ZIP 14. I do hereby certify that the information supplied with this filling 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 agreem report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the opporation or the receiver or issue employed do execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ch

4.2 NAME

5 1 11115

4.3 STHEET ADDRESS

5.3 STHEET ADDRESS

6.3 STREET ADDRESS

5.4 CHY - ST - ZF3

6.1 THE

6.2 NAME

4.4 City St-ZIP

SIGNATURE:

21

22

23

24

TIFLE

NAME

MILE

NAME

TITLE

NAM-

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY ST-ZIP

CITY - ST - ZIP

GNING OFFICER OR DIREC SIGNATURE AND TWEED OR PRINTED NAME OF

DELETE

DELETE.

4-22-96

***200.0<u>0</u>

000001830030

-05/20/96--01061--015

Change

Change

Addition

Addition

CR2E034 (12/