

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JUN - 7 AM 10: 54

DOCUMENT # S74053 (7)
1. Corporation Name
EXCELLENT EXPORT, INC.

Principal Place of Business Mailing Address
% STEPHEN LIBERMAN **% STEPHEN LIBERMAN**
8279 THAMES BLVD., SUITE C **8279 THAMES BLVD., SUITE C**
BOCA RATON FL 33433 **BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/19/1991** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0277880** 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. 194.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **CID S LIBERMAN** 26 **7737 LA MIRADA DR**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **BOCA RATON** 28
Zip Country Zip Country
24 **FL** 25 **33433** 29 30

9. Name and Address of Current Registered Agent
LIBERMAN, STEPHEN
8279 THAMES BLVD.
SUITE C
BOCA RATON FL 33433

10. Name and Address of New Registered Agent
81 Name **S. LIBERMAN**
82 Street Address (P.O. Box Number is Not Acceptable) **7737 LA MIRADA DR**
83
84 City **BOCA RATON** FL 85 Zip Code **33433**

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LIBERMAN, STEPHEN
STREET ADDRESS	8279 THAMES BLVD., STE C
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D LIBERMAN, STEPHEN
1.3 STREET ADDRESS	8279 THAMES BLVD., STE C
1.4 CITY - ST - ZIP	BOCA RATON, FL 33433
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE: Stephen Liberman 5/15/95 (407) 335-9392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (In Month/Year)