FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S76724** **(1)**

1. Corporation Name
SEGRABA IMPORT-EXPORT, CORP.

Principal Place of Business
987 BIARRITA DR
#6A
MIAMI BEACH FL 33141
US

Mailing Address
P O BOX 190951
#12
MIAMI BEACH FL 33119-0951
US

3. Date Incorporated or Qualified: 08/28/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 987 Biarritz Dr
Suite, Apt. #, etc.
22 #6A
City & State
23 Miami Beach, FL
Zip 24 33141 Country 25 USA

2a. Mailing Address
26 P.O. Box 190951
Suite, Apt. #, etc.
27
City & State
28 Miami Beach, FL
Zip 29 33119 Country 30 USA

4. FEI Number: 65-0286917 — 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
RIVAS, RODRIGO E.
1235 EUCLID AVE.
#12
MIAMI BEACH FL 33139

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 X [signature] April 9/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	RIVAS, RODRIGO E.	
STREET ADDRESS	1235 EUCLID AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DST	☐ DELETE
NAME	RIVAS, SONIA M.	
STREET ADDRESS	1235 EUCLID AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	V	☐ DELETE
NAME	RIVAS, SALVADOR E.	
STREET ADDRESS	1235 EUCLID AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 119.07(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 on an attachment with an address.

SIGNATURE: X [signature] April 9/96 (305) 864-7207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)