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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:39

DOCUMENT # **S89646** (1)

1. Corporation Name
W R EXPORT, INC.

Principal Place of Business	Mailing Address
10903 SW 114TH ST. MIAMI FL 33176	10903 SW 114TH ST. MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/24/1991**
3a. Date of Last Report: **07/26/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26): **506 NW 72 AV.**
4. FEI Number: **65-0327833** — Applied For / Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27): **305**
5. Certificate of Status Desired: [ ] **$8.75** Additional Fee Required
City & State (23)
City & State (28): **Miami Fla.**
6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees
Zip (24) / Country (25)
Zip (29): **33126** / Country (30): **33126**
8. The corporation has liability for intangible tax under Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

RESTREPO, WILLIAM DE JESUS
10903 SW 114TH ST.
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City / 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Check One)
TITLE	PSD	
NAME	RESTREPO, W. DE JESUS	
STREET ADDRESS	10903 SW 114TH ST.	
CITY ST ZIP	MIAMI FL	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
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TITLE		[ ] Change [ ] Addition
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STREET ADDRESS		
CITY ST ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is absolutely true and correct and 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that I am aware any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes.

SIGNATURE: [signature] 1/13/95 (305) 266-4337
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0194064 CP