## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

FILED						
Feb 03	1998	8:00am				
Secre	etary c	of State				

	on Name OTHERS	IMPORT & EXP		(2)			
Principal Pla	ce of Busines	98	Mailing A	hdress		<del></del>	
7286 NW 66		00	7286 NV				
MIAMI FL 3			MIAMI F				
U\$			US				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
<b>A A</b>							11/21/1991
<del></del>	Place of Busi	inėss	<u> </u>	g Address			4. FEI Number Applied For
21 Suite Ant	, # ata		26 Suite	Ant # oto			65-0299537 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired See Required			
City & Sta	nte		27   City &	State			
23			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip		Country	Zip	· · · · · · · · · · · · · · · · · · ·	Country	,	8. This corporation owes or has paid the current fear Intangible
24		25	29		30		Personal Property Tax due June 30.
	9, Name	and Address of C	urrent Registered A	lgent .			10. Name and Address of New Registered Agent
	edin, Luis				81	Name	
	286 NW 66				82	Street A	t Address (P.O. Box Number is Not Acceptable)
M	iami FL 33°	166					
					83		
					84	City	85 Zip Code
44 5		18	0500				FL   '
office or	to the provis registered at	gent, or both, in the	7.0502 and 607.1508 State of Florida Suc	s, Fiorida Statu h change was	tes, the abovi authorized by	e-named ( / the corp	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
agent. I i	am familiar w	ith, and accept the o	obligations of, Section	on 607. <b>0505</b> , Fl	orida Statutes	S.	·
SIGNATURE	Signature types	or printed name of register	ed agest and tille il englical	No (MO)	F: Reputated Age	not eigenture i	re required when reinstating) DATE
12.		<del></del>	AND DIRECTORS		13.	on digitation i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD			DELETE	1.1 TITLE		Change Addition
NAME	BEDIN,	LUIS CARLOS			1 2 NAME		
STREET ADDRESS		W 66 ST			1.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI	FL			1.4 CITY-S	iT - ZIP	
TITLE				DELETE	2.1 TITLE		Change Addition
NAME					2.2 NAME		
STREET ADDRESS	Į.				2.3 STREET	ADDRESS	
CITY-ST-ZIP	<del> </del>			77 65: 555	2. 4 CITY - S	ST-ZIP	
TITLE		-		☐ DELETE	3.1 TITLE	J	Change Addition
NAME		,			3.2 NAME		
STREET ADDRESS		•			3 3 STREET	- 1	
CITY-ST-ZIP TITLE	<del> </del> -	<del></del>		DELETÉ	3.4. CITY - S	ST-ZIP	Obacca T 4 datas
NAME				Delette	4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS					4. 2 NAME	ADDRECO	
CITY-ST-ZIP					4.3 STREET	1	
TITLE				DELETÉ	4.4 CITY - S	1-211	Change Addition
NAME					5.2 NAME	-	C Orange L Maritan
STREET ADDRESS	1				5.3 STREET	ADDRESS	
CITY-ST-ZIP					5.4 CITY - S		
TITLE				DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME					6.2 NAME	- 1	
STREET ADDRESS					63 STREET	ADDRESS	
CITY-ST-ZIP					6.4 CITY-ST		
44 14	and frake at the	- 1 de	ad with this filing do				od in Continu 440 07/9VI) Florida Statutes I fouther with the the life water

t nereby certify that the Information supplied with this filing 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 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 open attachment with an address.