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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

FILED Jan 27 1997 8:00am Secretary of State

| | GTON EXPORT CORPORAT | | | | | | |
|---|---|---|-------------------------------|---------------------------------------|---|---------------------------------------|--|
| Principal Place of Business 12773 W FOREST HILL BLVD SUITE 213 WEST PALM BEACH FL 33414 | | Mailing Address 12773 W FOREST HILL BLVD SUITE 213 WEST PALM BEACH FL 33414-4762 US | | | | | |
| US | | 05 | | | 3. Date Incorporated or Qualified 02/10/1992 | 3a. Date of Last Report 04/27/1996 | |
| ···· | ace of Business | 2a. Mailing Address | | | 4. FEI Number 65-0310412 | Applied For Not Applicable | |
| Suite, Apt. 4 | #, etc | Suite, Apt. #, etc. | | ···· | | CR 75 Additional | |
| 22 | | 27 | | | 5. Certificate of Status Desired | Fee Required | |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | · · · · · · · · · · · · · · · · · · · | | Countr | у | This corporation has liability for it | | |
| 24 | 25 | 29 | 30 | | | Yes No | |
| 0110 | 9. Name and Address of Currer | nt Registered Agent | 81 | Name | 10. Name and Address of New Re | gistered Agent | |
| GLIOZZO, FRANK X ESQ 2882 SW LEJEUNE ROAD | | | Ĺ | | | | |
| | RAL GABLES FL 33134 | | 82 Street Ad | | dress (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | 3 | | | |
| | | | 84 | City | | FL 85 Zip Code | |
| 11, Pursuant I | to the provisions of Sections 607 050 | 02 and 607.1508, Florida Statut | tes, the abov | re-named corp | poration submits this statement for the p | | |
| office or re agent. I ar | egistered agent, or both, in the State m familiar with, and accept the oblig | of Florida Such change was ations of Section 607.0505, Fl | authorized b orida Statute | ly the corporates. | poration submits this statement for the p tion's board of directors. I hereby accep | ot the appointment as registered | |
| SIGNATURE | Signature: typed or printed name of registered age | ent and title if applicable INO | E Registered Ac | ient signature reguli | ired when reinstating) | DATE | |
| 12. | | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS IN 12 | |
| TITLE | PTD | ☐ DELETE 1. | | | | Change Addition | |
| NAME | MIDOLO, ANABELLA E | | 1.2 NAME | İ | | | |
| STREET ADDRESS | 12773 W FOREST HILLS BLVI | | 1.3 STREE | T ADDRESS | | | |
| C:TY - ST - ZIP | WEST PALM BEACH FL 3341 | | 1.4 CITY- | ST-ZIP | | DIO. DIO. | |
| TITLE | SVP MIDOLO, CAYETANO A | ☐ DELETE | 2 1 TITLE | | | Change | |
| NAME STREET ADDRESS | 12773 W FOREST HILL BLVD | SUITE 213 | 2.2 NAME | T ADDRESS | | | |
| CITY-ST-ZIP | WEST BALLA BEAGUE OF SOACA | | 2.4 CITY | · · · · · · · · · · · · · · · · · · · | | | |
| TOTLE | | ☐ DELETE | 3.1 TITLE | | | Change Addition | |
| NAME | | | 3.2 NAME | Į | | | |
| STREET ADDRESS | | | 3.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CłTY | | | | |
| TITLE | | | 4.1 TITLE | | | Change Addition | |
| NAMÉ | | | 4. 2 NAM | j | | | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY-ST-ZIP TITLE | | DELETE | 44 CITY- 51 TIFLE | ST-ZIP | | Change Addition | |
| NAME | | OFFICE | 5.2 NAME | . | | | |
| STREET ADDRESS | | | P | T ADDRESS | | | |
| CITY ST-ZIP | | | 5.4 CITY- | ì | | | |
| TITLE | | DELETE | 6.1 TIFLE | | | Change Addition | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | | | |
| CITY ST ZIP | All and a life of | -1 - 21 - Al-1 - E7 | 6.4 CITY- | | A (a. Carada a Mac 67/07/2) Figure 67/07/2 | | |
| Information I am an of | n indicated on this annual report or i | supplemental annual report is t r the receiver or trustee empov | true and acc vered to exe | curate and tha | d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 607, Florida S | I effect as if made under oath; that | |