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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V19635**

1. Corporation Name FERGO IMPORT & EXPORT, INC.

**FILED** May 04, 1999 8:00 am Secretary of State

05-04-1999 90114 048 \*\*\*158.75



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Principal Place of Business		Mailing Address					
17344 SW T ST. PEM. PINES		17344 SW 7 ST. PEM PINES					
PEMBROKE PINES FL 33029		PEMBROKE PINES FL 33029 US			DO NOT WRITE IN THIS SPACE		
US		00			3. Date Incorporated or Qualifed		
					03/09/1992		
2. Principal P	lace of Business	2a. Mailing Address		* ***		7	Applied For
21 5	Save	26 5000			65-0319875	1	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22	•	27			5. Certificate of Status Besilied	Fee I	Required
City & State City & State				6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year tr		<b>∀</b>
24	25	29 30	L		Personal Property Tax.	∐ Yes,	. No
	9. Name and Address of Current	t Registered Agent	04	Name	10. Name and Address of New Registered	Agent	
0.018091 FER	NANDEZ, HUMBERTO		81	Name	Saue		
	44 SW 7 ST		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	IBROKE PINES FL 33029		02				
FGM	DIONE I HILD I L OULS		83	1			
			84	City	Fi	85 `Zij	Code
11 Duminant	to the provisions of Sections 607 0500	2 and 607 1508. Florida Statutes 1	the abov	e-named corr	poration submits this statement for the purpose 0	of changing i	its registered
office or r	registered agent, or both, in the State of	of Florida, Such change was autho	rized by	the corporati	ion's board of directors. I hereby accept the appe	pintment as	registered
agent. I a	am familiar with, and accept the obligat	tions et. Section 607.0505, Florida	Statutes	" <i>I</i>	aulas Pres. 4/2	7/19	
SIGNATURE	Signature, typed or printed name of registered agen	t and title of applicable (NOTE: Reg	istered Age	nt signature require	ed when reinstating)	<del>1/11 · · · · · · · · · · · · · · · · · ·</del>	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE .	-D <sub></sub>	☐ DELETE	1.1 TITLE			. Change	Addition
NAME	FERNANDEZ, HUMBERTO		1.2 NAME			•	
STREET ADDRESS	ATOMA ON TOT		1.3 STREE	TADDRESS	,		
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-S	T-ZIP			
TITLE	DV	☐ DELETE	2.1 TITLE			Change	Addition
NAME	FERNANDEZ, SYLVIA		2.2 NAME	.			
STREET ADDRESS	47044 CM 7 CT		2.3 STREE	TADDRESS		•	
CITY-ST-ZIP	PEMBROKE PINES FL		2. 4 CITY-	ST-ZIP			_
TITLE		☐ DELETE	3.1 TITLE		····	☐ Change	e 🔲 Addition
NAME			3.2 NAME			\ <del></del>	_
STREET ADDRESS	<del> </del>		3.3 STREE	TADDRESS	<del></del>		
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Chang	e
NAME			4. 2 NAME	}			
STREET ADDRESS		ŀ	4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	5.1 TRTLE			☐ Chang	e 🗌 Additio
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP		l	5.4 CITY-S	ST-ZIP			
TITLE		DELETE, _	6.1 TITLE			☐ Chang	e
NAME			6.2 NAME			, ,	
STREET ADDRESS	s		6.3 STREE	TADORESS			
	I .		64 CITY-S	1			

14. I hereby 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 changes or an appendix 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 changes or an appendix of the corporation or the receiver or trustee empowered.

SIGNATURE:

(954) 438 all