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



	PROFIT PORATION	FLO	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham				Apr 28 1997 8:00am			
	JAL REPORT 1997	DI	Secretary of VISION OF COI	of State			Secretar	y 0	f Sta	ate
1. Corporation	MENT # V2941 G. EXPORTS, INC.	3	(4)							
r. σ. α	G. EXPONTS, INC.									
Principal Prace of Business Mailing Address %1300 ST. CHARLES PLACE \$\%\circ{4}300 ST. CHARLES PLACE \$\%\circ{4}802 SUITE \ne\circ{4}802 \$\text{PEMBROKE PINES FL 33026} \$\text{PEMBROKE PINES FL 33026}							1 10011 14111 1111 1111 1111 1111 1111		le of Last Re	
- Dissipat D		(a Mailea A					03/23/1992		6/1996	
2, Principal P1 21	ace of Business	2a. Mailing A	.ooress			- }	4, FEI Number 65-0359091			Applicable
Suite, Apt	#, etc.	Suite, Ap	t. #, etc.				B. Certificate of Status Desired		\$8.75 A	
City & State)	City & Str	ate				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	May Be
Zip 24	Country 25	Zip 29	30	Countr	У] Yes [] No	199.032,
AVD	9. Name and Address of Cure	ent Registered Age	nt	81	Name		10. Name and Address of New Re	gistered A	gent	
AYRES, BETTINA 1300 ST. CHARLES PLACE						Addres	s (P.O. Box Number is Not Acceptab	ile)		
SUITE #802 PEMBROKE PINES FL 33026				83	<u></u>					
PEM	IDNUKE PINES FL 33020			84					85 Zip C	ode.
	10-10-070	600 1 007 1500 F		j	'			FL)
office or ri agent. I ai	egistered agent, or both, in the Sta m familiar with, and accept the ob-	ate of Florida. Such of ligations of, Section (hange was aut 607.0505, Floric	horized t la Statute	y the corp	poration	ation submits this statement for the p o's board of directors. I hereby accep	the appo	ointment as r	registered
SIGNATURE	Signature, typed or printed name of registered			_			when reinstating)	DATE		
12.		AND DIRECTORS	(NOIE N	13.	erk akjitatore	required	ADDITIONS/CHANGES TO OFFIC		DIRECTORS	S IN 12
TifLE	P		DELETE	1,1 TITLE					Change	Addition
NAME	HOYOS, PETER			1.2 NAME	,	}				
STREET ADDRESS	1300 ST. CHARLES PLACE PEMBROKE PINES FL			r	T ADDRESS					ļį.
CAY · ST - 74°	V PEMBRUNE FINES FL		DELETE	1.4 CITY-	SI-ZIP				Change	Addition
NAME	BYNOE, STEPHEN			2.2 NAME	1	1			_ •	
STREET ADDRESS	1300 ST. CHARLES PLACE			2.3 STREE	t address					
CHY-ST-7iP	PEMBROKE PINES FL		DELETE	2.4 CITY	SY-ZIP			·	Channe	Addition
NAME	s Ayres, Bettina	L.	י הניגונ	3.1 TITLE 3.2 NAME		}	•		☐ Change	Addition
STREET ADORESS	1300 ST. CHARLES PLACE		!	ŀ	T ADDRESS					1
CITY-SI-78	PEMBROKE PINES FL			3.4. CITY	ſ	[
TITLE		L	DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAM		}				
STREET ADDRESS CITY-ST-ZIP			į	4.3 STREE	T ADDRESS	}				1
TITLE			DELETE	5.1 TITLE	OF CITY	 			☐ Change	Addition
NAME			ļ	5.2 NAME						Í
STREET ADDRESS				5.3 STREE	T ADORESS	1				[
CHY-S1-ZIP			DELETE	5.4 CITY		 			Chesses	Addition
TITLE NAME		L	T nereie	6.1 TITLE	í	1	•		L. Change	☐ Addition ☐
STREET ADDRESS			ı	ď	t address	l]
0.000 00 00						ļ				1

14. I do 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 challed, or an attachment with an address.

SIGNATURE: .

BETTINA SIGNATURE AND TYPES OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED

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