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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # V54897

(6)

SAN ANDRES IMPORT AND EXPORT, INC.

II, INC.

FILED Mar 19 1998 8:00am Secretary of State



Principal Place									
	e of Business	Mailing /	Address						
8422 NW 66T			N 66TH ST						
MIAMI FL 33166 US		MIAMI F US	MIAMI FL 33166			DO NOT WRI	DO NOT WRITE IN THIS SPACE		
US		03				3. Date Incorporated or Qualified		·	
						07/30/1992	•		
2. Principal P	lace of Business	2a. Mailie	ng Address		·	4. FEI Number		Applied For	
21		26				65-0359094	ŀ	Not Applicable	
Suite, Apt.	#, etc.		, Apt. #, etc.	·····			□ \$8	75 Additional	
22		27				5. Certificate of Status Desired		ee Required	
City & State	0		& State		·	6. Election Campaign Financing	S	.00 May Be	
23		28				Trust Fund Contribution		ded to Fees	
Zip	Country	Zip		Cour	ntry	6. This corporation owes or has	paid the current ye	ar Intangible	
24	25	29		30		Personal Property Tax due Ju		□ No	
	9. Name and Address of	of Current Registered	Agent			10. Name and Address of New i	Registered Agent		
PIE	DAD, AYALA				81 Name				
181	181 NE 31ST CT., #308			ŀ	82 Stree	Address (P.O. Box Number is Not Accept	table)		
	MIAMI BEACH FL 33160			Į					
				Ĩ	83				
				ļ	84 City		85	Zip Code	
					City		FL ³³	Zip Code	
11. Pursuant	to the provisions of Soctions	607.0502 and 607.150	8. Florida Stati	ites, the ab	ove-name	corporation submits this statement for the	purpose of chang	ing its registered	
office or re	egistered agent, or both, in m familiar with, and accept:	the State of Florida. Su the obligations of Soct	ch change was	authorized	i by the co	rporation's board of directors. I hereby acc	sept the appointme	nt as registered	
			ion bur usus, r	iorida Stait	ites.				
CIONATURE	The comment of the co	the offigations of occi	ion bor.ococ, r	iorida Stati	ites.				
SIGNATURE	Signature, typed or printed nurse of ru				nes.	re required when reinstating)	DATE		
SIGNATURE	Signature, typed or printed nume of ru		able (NC		nes.	re required when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DIRE		
	Signature, typed or printed nume of ru	gistered agent and title if applic	able (NC)Tt: Registered	JIOS. Agent signatu				
12.	Signature, typed or printed nume of ru Of FIC D PIEDAD, AYALA	gistered agent and title if applic SERS AND DIRECTORS	able (NC	Tt Registered	Agent signatu	ADDITIONS/CHANGES TO OF	FICERS AND DIRE		
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. I hereby certify that the information supplied with this filling 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 13 in Chapter 607, Florida Statutes.

SIGNATURE

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redav lipala

PIEDAD AVALA - PRESIDE

3/17/98

305-5938545