SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -8 AM 10:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V58933** **(5)**

1. Corporation Name
FOUR M IMPORT & EXPORT CORP.

Principal Place of Business	Mailing Address
15635 SW 74TH CIR DR APT 4-15 MIAMI FL 33193	15635 SW 74TH CIR DR APT 4-15 MIAMI FL 33193

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/20/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 8114 SW 157TH CT.
22: Suite, Apt. #, etc.
23: City & State: MIAMI FL.
24: Zip: 33193 25: County

2a. Mailing Address
26: P.O. BOX 960905
27: Suite, Apt. #, etc.
28: City & State: MIAMI FL.
29: Zip: 33296-0905 30: County

4. FEI Number: 65-0353554 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NAVAS, MARIA E
15635 SW 74TH CIR DR
APT 4-15
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name: MARIA EUGENIA NAVAS
82 Street Address (P.O. Box Number is Not Acceptable): 8114 SW 157TH CT.
83:
84 City: MIAMI FL 85 Zip Code: 33193

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES AND/OR DELETIONS		
TITLE	DP	11 TITLE	DP	☐ Change ☐ Addition
NAME	NAVAS, MARIA E	12 NAME	NAVAS, MARIA E	
STREET ADDRESS	15635 SW 74TH CIR DR	13 STREET ADDRESS	8114 SW 157TH CT.	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI FL. 33193	
TITLE	DV	21 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ ARAUJO, HERNAN	22 NAME		
STREET ADDRESS	CARRERA 16 EDIF ESTRADOS	23 STREET ADDRESS		
CITY-ST-ZIP	BARQUISIMETO, VENEZU	24 CITY-ST-ZIP		
TITLE	DST	31 TITLE	DST	☐ Change ☐ Addition
NAME	NAVAS PIETRI ANIBAL	32 NAME	NAVAS-PIETRI ANIBAL	
STREET ADDRESS	15635 SW 74TH CIR DR	33 STREET ADDRESS	8114 SW 157TH CT.	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI FL. 33193	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: _____ 08/03/95 383-4477
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
MARIA EUGENIA NAVAS

0070008 CP