

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V58933 (5)

1. Corporation Name

FOUR M IMPORT & EXPORT CORP.

Principal Place of Business

8114 S W 157TH CT
APT 415
MIAMI FL 33193
US

Mailing Address

P O BOX 960905
APT 415
MIAMI FL 33296-0905
US



3. Date Incorporated or Qualified
08/20/1992

3a. Date of Last Report
08/08/1995

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

2. Principal Place of Business

21 8114 SW 157TH CT.

Suite, Apt. #, etc.

22

City & State

23 MIAMI FLORIDA

24 33193

Country

25 US

2a. Mailing Address

26 P.O. Box 960905

Suite, Apt. #, etc.

27

City & State

28 MIAMI FLORIDA

Zip

29 33296-0905

Country

US

9. Name and Address of Current Registered Agent

NAVAS, MARIA E
15835 SW 74TH CIR DR
APT 4-15
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name NAVAS, MARIA E.

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

Signature typed or printed name of registered agent as authorized by the corporation

Signature typed or printed name of registered agent as authorized by the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DP	NAVAS, MARIA E	8114 S W 157TH CT	MIAMI FL	<input type="checkbox"/>
DV	RODRIGUEZ ARAUJO, HERNAN	CARRERA 16 EDIF ESTRADOS	BARQUISIMETO, VENEZU	<input type="checkbox"/>
DST	NAVAS PIETRI ANIBAL	8114 S W 157TH CT	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 registered agent or a person authorized 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA EUGENIA NAVAS 4/30/94 (305) 383 4477

CR2E034 (12/95)