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

## **PROFIT** CORPORATION ANNUAL REPORT 1998

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 05 1998 8:00am Secretary of State

DOCU 1. Corporation	MENT #	* V5893	33	(5)						
		& EXPORT CO	ORP.	1						
Principal Place of Business				iling Address				- 1 1001) 01001 8187 0818 1918 (1106 1176 8181) 01	Bil ALBIT BIRU BIR	fil <b>a</b> van 1 <b>00</b> 1
8114 SW 15TH CT.				P.O. BOX 980905				1		
Miami Fl 33183 Lis				MIAMI FL 33296-0905 US				DO NOT WRITE IN THI	S SPACE	
00			Ų.	,				3. Date Incorporated or Qualified	3 OI NOL	
								08/20/1992		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	A	pplied For
21				26				65-0353554		lot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
City & State				City & State						Required
23				28				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country		<u> </u>	Zip Cou		у	8. This corporation owes or has paid the			
24	24 25 29 30  9. Name and Address of Current Registered Agent							Personal Property Tax due June 30.  10. Name and Address of New Registere		No
NA.	VAS, MARIA		on neglat	area Agent	81	Nam	e	10, Italia and Addiess of Itaw negisters	o vient	
	14 SW 157TH									
MIAMI FL 33183					82	Stree	t Addre	ddress (P.O. Box Number is Not Acceptable)		ł
						City			[06] 7in	Codo
						84 City			FL 85 Zip Code	
11. Pursuant office or ragent 1 a	to the provision registered agen am familiar with,	ns of Sections 607.0 it, or both, in the Stand accept the ob-	502 and 60 ate of Florid ligations of,	7.1508, Florida Statu a Such change was Section 607.0505, F	ules, the above authorized to lorida Statute	e-name y the co	d corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing in ppointment as	its registered s registered
SIGNATURE										<u></u>
	Signature, typed or	printed name of registered				ent signati	re require	d when reinstating) DATE		DC (N. 40
12. TITLE	OFFICERS AND			DIRECTORS 13.  DELETE 1.1 TIT			77/	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	NAVAS, MARIA E			1.2 N			200	VAS PIETRUANIBAL		
STREET ADDRESS	8114 S W			1.3 ST				14 5W 15717 CT		
CITY-ST-ZIP	MIAMI FL			1.4		ST-ZIP	141	AMI FL 38198		_
TITLE	DV			DELETE	2.1 TITLE		D/		Change	Addition
NAME	RODRIGUEZ ARAUJO, HERNAN			•	2.2 NAME	M		LVAS, MARIA VALENTIMA		_
STREET ADDRESS		16 EDIF ESTRAI	JUS			T ADDRESS	8/	BILY SW 157TH CT		ł
CITY-ST-ZIP	1	METO, VENEZU		90 00 00	2.4 CITY	ST-ZIP	14	1AMI FL 33193		1 1 2 2 2 2 2 2
TITLE	DST NAVAS PII	ETRI ANIBAL		DELETE	3 1 TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	OLAL C WI SETTLI OT				3.2 NAME	T ADDRESS	.			
CITY-ST-ZIP	MIAMI FL				3.4. CITY		' }			j
TITLE				DELETE	4.1 TITLE	21-51L	+		Change	☐ Addition
NAME					4. 2 NAME		i		_ •	
STREET ADDRESS	1					T ADDRESS	; }			
CITY-ST-ZIP	[				4.4 CITY-	ST-ZIP	<u>L</u>			
ALLTE				DELETE	5.1 TITLE				Change	Addition
NAME	]				5.2 NAME		1			
STREET ADDRESS					5.3 STREE	ADDRESS	-			
CITY-ST-ZIP	<u> </u>			Distre	5.4 CITY-	ST-ZIP	╁		1 0	Addition
TITLE				DELETE	61 TITLE		1		Change	Addition
NAME					6.2 NAME		. [			i
STREET ADDRESS						T ADDRESS	·			
14. I hereby o	certify that the in	nformation supplier	with this fil	ing does act quality	6.4 CITY- for the exemi		ted in S	Section 119.07(3)(i), Florida Statutes, I further	certify that the	e information

as true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in