

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90100 043 ***150.00

DOCUMENT # **V58933**

1. Corporation Name
FOUR M IMPORT & EXPORT CORP.



Principal Place of Business
**8114 SW 15TH CT.
MIAMI FL 33193
US**

Mailing Address
**P.O. BOX 960905
MIAMI FL 33296-0905
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **8114 SW 15TH CT**

Suite, Apt. #, etc.

22 **MIAMI, FL**

City & State

23 **33193 - 3017 US**

Zip

Country

24 **25** **29** **30**

2a. Mailing Address

26 **P.O. BOX 960905**

Suite, Apt. #, etc.

27 **MIAMI, FL**

City & State

28 **33193 - 3017 US**

Zip

Country

3. Date Incorporated or Qualified

08/20/1992

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**NAVAS, MARIA E
8114 SW 15TH CT.
MIAMI FL 33193**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DS** ☐ DELETE
NAME **NAVAS, MARIA VALENTIN**
STREET ADDRESS **8114 S W 157TH CT**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **DVT** ☐ DELETE
NAME **NAVAS PIETRI ANIBAL**
STREET ADDRESS **8114 S W 157TH CT**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DS** ☒ Change ☐ Addition
1.2 NAME **MARIA VALENTINA NAVAS**
1.3 STREET ADDRESS **8114 SW 157TH CT**
1.4 CITY-ST-ZIP **MIAMI, FL 33193-3017**

2.1 TITLE **DP** ☐ Change ☒ Addition
2.2 NAME **MARIA E. NAVAS**
2.3 STREET ADDRESS **8114 SW 157TH CT**
2.4 CITY-ST-ZIP **MIAMI, FL 33193-3017**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99

(305) 383-4477

CR2E034 (11/98)

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