

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V61929

1. Corporation Name

SPRING CYCLE EXPORT, INC.

Principal Place of Business

3750 NW 28th Street  
Bay 408  
Miami, Florida 33142

Mailing Address

3750 NW 28th Street  
Bay 408  
Miami, Florida 33142

J. Date Incorporated or Qualified  
09/04/1992

3a. Date of Last Report  
04/06/1995

2. Principal Place of Business

21 911 NW 209th Ave.

2a. Mailing Address

26 911 NW 209th Ave.

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Unit 123

27 Unit 123

City & State

City & State

23 Pembroke Pines, Fl.

28 Pembroke Pines, Fl.

Zip

Country

24 33029

25 U.S.A.

Zip

Country

29 33029

30 U.S.A.

4. FEI Number  
65-0363373

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

10. Name and Address of New Registered Agent

81 Name FERNANDEZ, EDUARDO

82 Street Address (P.O. Box Number is Not Acceptable)  
501 Brickell Key Drive

83 Suite 400

84 City  
Miami,

FL 85 Zip Code  
33131

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☒ Change ☐ Addition

1.2 NAME

MARIA, JOSE LUIS

1.3 STREET ADDRESS

911 NW 209th Ave. Unit 123

1.4 CITY - ST - ZIP

Pembroke Pines, Fl. 33029

2.1 TITLE

D

☒ Change ☐ Addition

2.2 NAME

MARIA, MONICA SAMPAYO

2.3 STREET ADDRESS

911 NW 209th Ave. Unit 123

2.4 CITY - ST - ZIP

Pembroke Pines, Fl. 33029

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

700001783577  
-04/17/96--01027--023  
\*\*\*200.00

CR2E034 (12/95)

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: *Jose Luis Maria* Jose Luis Maria *April 1/96* (954) 704 8873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #