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FILED

Feb 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V61929 (8)

1. Corporation Name  
SPRING CYCLE EXPORT INC.

Principal Place of Business

Mailing Address

~~911 NW 200 AVE~~  
~~UNIT 123~~  
~~PEMBROKE PINES FL 33029~~

~~911 NW 200 AVE~~  
~~UNIT 123~~  
~~PEMBROKE PINES FL 33029-0114~~



2. Principal Place of Business

21 1176 S.W. 180 TERR

2a. Mailing Address

26 1176 S.W. 180 TERR

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

PEMBROKE PINES, FL

28 City & State

PEMBROKE PINES, FL

24 Zip

33029

25 Country

U.S.A.

29 Zip

33029

30 Country

U.S.A.

9. Name and Address of Current Registered Agent

FERNANDEZ, EDUARDO  
501 BRICKELL KEY DR  
SUITE 400  
MIAMI FL 33131

3. Date Incorporated or Qualified

09/04/1992

3a. Date of Last Report

04/16/1996

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

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 D ☐ DELETE  
NAME JOSE LUIS MARIA  
STREET ADDRESS ~~911 NW 200 AVE UNIT 123~~  
CITY-ST-ZIP ~~PEMBROKE PINES FL 33029~~

TITLE D ☐ DELETE  
NAME MONICA SAMPAYO MARIA  
STREET ADDRESS ~~911 NW 200 AVE UNIT 123~~  
CITY-ST-ZIP ~~PEMBROKE PINES FL 33029~~

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 ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1176 S.W. 180 TERRACE  
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33029

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 1176 S.W. 180 TERRACE  
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

14. I do 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.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Luis Maria

Date

Daytime Phone #

CR2E034 (9/96)