

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

FILED
Feb 13 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 1176 S.W. 180 TERRACE UNIT 123 PEMBROKE PINES FL 33029 US | Mailing Address 1176 S.W. 180 TERRACE UNIT 123 PEMBROKE PINES FL 33029 US |
|---|---|



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/04/1992

| | | |
|--|---|--|
| 2. Principal Place of Business 21 734 NW 163 Avenue Suite, Apt. #, etc. 22 City & State 23 Pembroke Pines, Florida 24 Zip 33028 25 Country USA | 2a. Mailing Address 26 734 NW 163 Avenue Suite, Apt. #, etc. 27 City & State 28 Pembroke Pines, Florida 29 Zip 33028 30 Country USA | 4. FEI Number 65-0363373 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|--|

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| | | | | |
|---------|---|----|---------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code |
| | | | FL | |

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 | <input checked="" type="checkbox"/> DELETE |
| NAME | JOSE LUIS MARIA | |
| STREET ADDRESS | 1176 S.W. 180 TERRACE | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MONICA SAMPAYO MARIA | |
| STREET ADDRESS | 1176 S.W. 180 TERRACE | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------------|--|
| 1.1 TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Jose Luis Maria | |
| 1.3 STREET ADDRESS | 734 NW 163 AV. | |
| 1.4 CITY-ST-ZIP | Pembroke Pines FL 33028 | |
| 2.1 TITLE | Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Monica Sampayo Maria | |
| 2.3 STREET ADDRESS | 734 NW 163 Avenue | |
| 2.4 CITY-ST-ZIP | Pembroke Pines, Florida 33028 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address.

SIGNATURE:

Jose Luis Maria

01/14/98 (954) 442 0394

CR2E034 (10/97)