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FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90006 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **V7 3896**

1. Corporation Name
Florian Imports & Exports, Inc

Principal Place of Business Mailing Address

**2969 NW 95th St.
 Miami, FL 33147**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified	10/23/92
4. FEI Number	59-2026592
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

**Florian Jose
 2969 NW 95th St.
 Miami, FL 33147**

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83	City		
84	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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD Florian Jose	<input type="checkbox"/>
NAME	Florian Jose	<input type="checkbox"/>
STREET ADDRESS	2969 NW 95th St Miami FL	<input type="checkbox"/>
CITY-ST-ZIP	33147	<input type="checkbox"/>
TITLE	SD Florian, HILARIO	<input type="checkbox"/>
NAME	Florian, Hilario	<input type="checkbox"/>
STREET ADDRESS	2969 NW 95th St Miami FL	<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME		<input type="checkbox"/>	<input type="checkbox"/>
13 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
14 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME		<input type="checkbox"/>	<input type="checkbox"/>
23 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
24 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME		<input type="checkbox"/>	<input type="checkbox"/>
33 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
34 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME		<input type="checkbox"/>	<input type="checkbox"/>
43 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
44 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME		<input type="checkbox"/>	<input type="checkbox"/>
53 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
54 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME		<input type="checkbox"/>	<input type="checkbox"/>
63 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
64 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information included 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 officer or trustee authorized 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 given an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/20/99

CR2E034 (10/97)