FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:13

DOCUMENT # **695996** **(9)**

1. Corporation Name

M & W TRADING CORPORATION

Principal Place of Business	Mailing Address
C/O J DAVID ELLER 33 NW 2ND ST DEERFIELD BEACH FL 33441	C/O J DAVID ELLER 33 NW 2ND ST DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
07/24/1981	10/05/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **59-2114609** ☐ 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
ROEGIERS, THOMAS A 33 NW 2ND ST. DEERFIELD BEACH FL 33441	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	JUAN E. PONCE	12 NAME	
STREET ADDRESS	33 NW 2ND STREET	13 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	J. DAVID ELLER	22 NAME	
STREET ADDRESS	281 SE 18TH AVE	23 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	NEAL J. LANG	32 NAME	
STREET ADDRESS	33 NW 2ND STREET	33 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	JOHN R. SWALLEY	42 NAME	
STREET ADDRESS	33 NW 2ND STREET	43 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	THOMAS A. ROEGIERS	52 NAME	
STREET ADDRESS	33 NW 2ND STREET	53 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH. FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: _____ Thomas Roegiers 03/31/95 (305) 426-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0696872 CP