SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN -9 AM 9:27

DOCUMENT # **L02720** **(5)**

1. Corporation Name
OCEAN TRADERS, INC.

Principal Place of Business	Mailing Address
10300 S.W. 13TH STREET PEMBROKE PINES FL 33025 US	10300 SW 13TH STREET PEMBROKE PINES FL 33025 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/18/1989	3a. Date of Last Report: 01/21/1994
2. Principal Place of Business (21): 6073 N.W. 167 ST.	2a. Mailing Address (26): 6073 N.W. 167 ST.
4. FEI Number: 65-0140181	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22): SUITE #C-4	Suite, Apt. #, etc. (27): SUITE #C-4
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State (23): MIAMI, FL.	City & State (28): MIAMI, FL.
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip (24): 33015 Country (25): U.S.A.	Zip (29): 33015 Country (30): U.S.A.
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

WOOLERY, MICHAEL
10300 SW 13TH STREET
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name: MICHAEL WOOLERY
82 Street Address (P.O. Box Number is Not Acceptable): 6073 N.W. 167 ST. SUITE C-4
83
84 City: MIAMI FL. 85 Zip Code: 33015 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] MICHAEL WOOLERY 6/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WOOLERY, MICHAEL	1.2 NAME	
STREET ADDRESS	~~10300 SW 13TH STREET~~ 6073 N.W. 167 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~PEMBROKE PINES FL~~ MIAMI, FL. 33015	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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] Michael Woolery 6/6/95 305-919-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)

0030873 CP