SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P07446** **(8)**

1. Corporation Name
SEFAC TRADING CORPORATION

Principal Place of Business	Mailing Address
7175 OAKLAND MILLS RD COLUMBIA MD 21046	7175 OAKLAND MILLS RD COLUMBIA MD 21046

3. Date Incorporated or Qualified: **09/17/1985**
3a. Date of Last Report: **07/11/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **39-0101873** ☐ 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

RILEY, RONALD T
7401 S.W. 133RD AVENUE
MIAMI FL 33183

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (by) Registered Agent (Signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	CHAIRMAN (B)	☐ Change ☑ Addition
NAME	LE NAOUR, WILFRID		1.2 NAME	GERARD MURA	
STREET ADDRESS	5-7 BLVD ROMAIN ROLLAND		1.3 STREET ADDRESS	~~42541~~ BP 15-110 RUE DE LA REPUBLIQUE	
CITY-ST-ZIP	MONTROUGE, FRANCE		1.4 CITY-ST-ZIP	LE CHAMBON, FRANCE	
TITLE	VD	☒ DELETE	2.1 TITLE	DIRECTOR / PRESIDENT (P)	☐ Change ☑ Addition
NAME	DELLAMORE, JEAN		2.2 NAME	FRANCOIS FINET	
STREET ADDRESS	7175 OAKLAND MILLS RD		2.3 STREET ADDRESS	BP 15-110 RUE DE LA REPUBLIQUE	
CITY-ST-ZIP	COLUMBIA MD		2.4 CITY-ST-ZIP	LE CHAMBON, FRANCE	
TITLE	D	☒ DELETE	3.1 TITLE	DIRECTOR (D)	☐ Change ☑ Addition
NAME	LETURCQ, MICHEL		3.2 NAME	GUY GUGUGNON	
STREET ADDRESS	5-7 BLVD ROMIAN ROLLAND		3.3 STREET ADDRESS	BP 15-110 RUE DE LA REPUBLIQUE	
CITY-ST-ZIP	MONTROUGE, FRANCE		3.4 CITY-ST-ZIP	LE CHAMBON, FRANCE	
TITLE		☐ DELETE	4.1 TITLE	VP (V)	☐ Change ☑ Addition
NAME			4.2 NAME	RICHARD GERGEL	
STREET ADDRESS			4.3 STREET ADDRESS	7175 OAKLAND MILLS RD	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	COLUMBIA MD. 21046	
TITLE		☐ DELETE	5.1 TITLE	VP (VTS)	☐ Change ☑ Addition
NAME			5.2 NAME	CHRIS DAVIS	
STREET ADDRESS			5.3 STREET ADDRESS	7175 OAKLAND MILLS RD	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	COLUMBIA MD 21046	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ CHRIS DAVIS 8/2/96 410 964 0806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #