

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

 <p>CORPORATION ANNUAL REPORT 1995</p>	<p>FLORIDA DEPARTMENT OF STATE Laura B. Marplem Secretary of State TALLAHASSEE, FLORIDA</p>
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DOCUMENT # P94000091837 (2)

FIRST INTERNATIONAL EXPORT TRADING, INC.

Principal Place of Business	Mailing Address
8421 NW 68TH STREET MIAMI FL 33166	8421 NW 68TH STREET MIAMI FL 33166

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

APPROVED
[Signature]
MAY 11 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified 12/20/1994	36 Date of Last Report
4 FID Number 65-0535319	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 has included the information in Article 8, 1994 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CASTRO, EDUARDO
8421 NW 68TH STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

11. Pursuant to the provisions of Sections 607.0402 and 607.1504, 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0516, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS, EXECUTIVE OFFICERS	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, EDUARDO	2. NAME	
STREET ADDRESS	8421 NW 68TH STREET	3. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33166	4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1391.02(1)(b), Florida Statutes. I further certify that the information on this annual report or supplementary 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 or is typed or printed on an attached card with an address.

SIGNATURE: *[Signature]* **Ed Castro** **4/12/94** **(305) 471-8169**

DO NOT WRITE OR TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION,
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida

NOT RECORDED

DOCUMENT # **P94000091853 (9)**

GARY R. WHITAKER, M.D., P.A.

2. Present Office Address: **320 THIRD ST SUITE 6 NEPTUNE BEACH FL 32266**

2a. Mailed Address: **Attn: Tax Department P.O. Box 15309 Durham, NC 27704**

3. Date of Report: **12/20/1994**
 3a. Date of Last Report: **Initial Report**
 4. Filing Number: **59-3287294**
 5. Corporation Status Desired: **\$8.75 Additional Fee Required**
 6. **\$5.00 May Be Added to Fees**
 8. **XX**

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324**

10. Name and Address of New Registered Agent: **FL 27704**

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that the same has been approved by the Board of Directors of the corporation named herein, and that I am duly qualified to act as a registered agent for the corporation named herein.

12. NAME	13. NAME
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96. NAME	97. NAME
98. NAME	99. NAME
100. NAME	101. NAME

13. **PSD Whitaker, M.D., Gary R. 2828 Crossdale Drive Durham, NC 27705**

14. I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 191.22, and Florida Statutes, Chapter 191, and that the information is true and correct to the best of my knowledge and belief, and that the same has been approved by the Board of Directors of the corporation named herein, and that I am duly qualified to act as a registered agent for the corporation named herein.

SIGNATURE: **Gary R. Whitaker, M.D. 4/28/95 919-383-0355**