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

PROFIT



FLORIDA DEPARTMENT OF STATE

CORPOI ANNUAL 19	[540-40Kd: 11.03	Sandra B. N Secretary of DIVISION OF CO	of State	ONS				
DOCUME 1. Corporation Nam	NT # P95000074	406						
ITS-INT	ERNATIONAL TRAD	E SERVICES, INC	c.					
Principal Place of Business Mailing Address				.				
5824 SW 146th CT 5824 SW 146th CT								
MIAMI , :	FL 33183	MIAMI , FL 33	3183		-	3. Date Incorporated or Qualified 09/25/95	3a. Date of Last	Report
2. Principal Place o	2a. Mailing Address	- Mailing Address			4. FEI Number	<u></u>	Applied For	
	V 146th CT	26 5824 SW 146th CT				65-0616128		Not Applicable
Suite, Apt. #, etc	3. 	Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional a Required
City & State		City & State				6. Election Campaign Financing		00 May Be
23 MIAMI,	FL	28 MIAMI , FL				Trust Fund Contribution	Add	ed to Fees
Zip 24 33183・	Country 25 USA	├─ ` F-	Zip Country 33183 30 USA			8. This corporation has liability for in Florida Statutes Yes		s 199.032,
	Name and Address of Current I		<u>vj US</u>	A		10. Name and Address of New Re		
•				Name			•	
PAULO ZAMITH				Stroot	t Address	(P.O. Box Number is Not Acceptable	(a)	
5824 SW			82 Street Address			(1.O. Box Number is Not Acceptable	0,	
MIAMI, I			83					
2	11 33103		84	City			FL 85	Zip Code
or registered ac		 Such change was authorized b 				on submits this statement for the purp of directors. I hereby accept the appo		
	ure typed or printed name of registered againt an	d Brieff explosible (NOTE P		ZAM nt signature r	ITH e required wh	en reinstating)	04/16/9	
12.	OFFICERS AND I		13.			ADDITIONS/CHANGES TO OFFICE		
	SDT	☐ DELETE	1. 1 THILE				☐ Chang	Addition
	FACEO ZAMITH		1.2 NAME					
3024 3N 140CH C1				T ADDRESS	1			
City-ST-7iP M3	IAMI_,_FL_33183	F□ DELETE	1.4 CHTY-				☐ Chang	Addition
THE			2.1 THILE				[_] chang	. [1] Monition
NAME 2.2 f		2.2 NAME						

STREET ADDRESS 23 STREET ADDRESS CITY-ST-7IP 2 4 CITY-ST-ZIP DELETE ___ Changi ☐ Addition TITLE 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CHTY-\$1-Z;P 34 CITY-ST-ZIP DELETE Change Addition TILE 4 1 TITLE 400001806174 -05/03/96--01018--019 ***200.00 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHTY+ST-ZIP DELETE ☐ Changi Addition THILE 5 1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STHEET ADDRESS CITY-ST-ZP 5.4 City-St-ZiP □ DELETE 6 1 TITLE Change Addition TITLE NAM: 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP 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)(k), Florida Stalutes. 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 13 if changed, or on an attachment with an address.

SIGNATURE: _____

ED NAME OF SIGNING OFFICER OR DIRECTOR

PAULO ZAMITH

04/16/96 (305)3828758 Dayton & Phone #