FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jun 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P96000082887

1. Corporation Name

AGATHA TRADING COMPANY, INC.

Principal Place of Business / Mailing Address

741 Cypress Pte Dr East
Pembroke Pines FL 33027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business
21 741 Cypress Pt. Dr. E.
Suite, Apt #, etc.
22 Pembroke Pines, Fla
City & State
23 33027
Zip 24
Country 25

2a. Mailing Address
26 741 CYPRESS POINT DR. E.
Suite, Apt #, etc.
27
City & State
28 PEMBROKE PINES, FL
Zip 29 33027
Country 30

4. FEI Number 65-0702688 — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Joseph D Richardson
741 Cypress Pte Dr East
Pembroke Pines FL 33027

10. Name and Address of New Registered Agent

81 Name Jo
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 [signature] (NOTE: Registered Agent signature required when reinstating) DATE 06-16-98

12. OFFICERS AND DIRECTORS

TITLE	T, S, T, & D	☐ DELETE
NAME	Joseph D Richardson	
STREET ADDRESS	741 Cypress Pte DE East	
CITY-ST-ZIP	Pembroke Pines FL 33027	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Joseph D Richardson (Dan Gonzalez)	☑ Change ☐ Addition
1.2 NAME	Agent + President	
1.3 STREET ADDRESS	741 Cypress Pte DE E Pembroke Pines FL	
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	100002570521	
6.3 STREET ADDRESS	-06/24/98--01018--022	
6.4 CITY-ST-ZIP	***150.00	

6/24

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing 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] 05-08-98 (954) 433 5836 441-9118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #