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NO TYPED OR PRINTED NAME OF SIGNING OFFICE

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Socretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # V28735 (1)GUIMA'S TRADING, INC. Principal Place of Business Mailing Address 4457 PURDY LN 4457 PURDY LN. STE. A STE. A W. PALM BCH. FL 33406 W. PALM BCH. FL 33406 US US 3. Date Incorporated or Qualified 3a. Date of Last Report 04/15/1992 07/31/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2:6 65-0327394 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 \Box Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıp Country Zio Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NASCIMIENTO, JOSE RENATO PORTHINO DO Street Address (P.O. Box Number is Not Acceptable) 82 4457 PUROY LANE STE A #5 83 WEST PALM BEACH FL 33406 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1. 1 TITL8 ☐ Change ■ Addition NASCIMENTO, JOSE R NAME 1.2 NAME 4457 PURDY LN STE A STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL CITY-SI-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2 1 THILE Change [] Addition NASCIMENTO, ALADIA C NAME 2.2 NAME 4457 PURDY LN STE A STREET ADDRESS 23 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 24 CITY-ST-ZIP THILE DELE 1E 3 1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CHTY - ST - ZIP TITLE DELETE 4. 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5 1 THILE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TIME Change ☐ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS DITY-ST-ZIP 6.4 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 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 certify that I am an officer or director bit the corporation or the required or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

CR2E034 (12/95)