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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Morthart Secretary of State

	1996		etary of State IF CORPORATION	NS			
DOCU 1. Corporatio	MENT # P95	000083819 ((9)				
SPE	CTRA EXIM PTE LTD., IN	1C.					
) IN THE BUT THE INCOME AND A DISCUSSION OF THE	 	6) (8) 6) (13) 6 (3) (13) (13)
Principal Place	e of Business	Mailing Address					
745 WEST 27TH STREET		•					
HIALEAH FL 33010		745 WEST 27TH STREET HIALEAH FL 33010					
					Date Incorporated or Qualified	T. 6.	
					11/02/1995	3a. Date of Last	Heport
	ace of Business	2a. Mailing Address			4, FEI Number		Applied For
Suite, Apt.	#. etc.	Suito Ant # etc	7.7		1004-001		Not Applicable
22	.,	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional
City & State		City & State			6. Election Campaign Financing		e Required .00 May Be
23 Zip	On the same	28			Trust Fund Contribution	Ad-	ded to Fees
24 ZIP	Country 25	Zip 29	Country		8. This corporation has liability for i		s 199.032,
	9. Name and Address of Cu		30]		Florida Statutes Yes 10. Name and Address of New R	□ No	
•			81	Name	To. Hame the Address of New H	egistered Agent	
	/O, EUGENIA		82	Stroot Adde	ess (P.O. Box Number is Not Acceptab	1-3	
21391 MARINE CORE CIRCLE				Street Addit	ess (F.O. BOX Number is Not Acceptab	ю	
K-18 N MIAMI BEACH FL 33180							
N MIA	MI DEACH FL 33180		84 (City		- 85	Zip Code
13. Pursuant t	o the provisions of Sections 607.0	0502 and 607.1508. Florida Statut	es the above nan	nad comore	ation submits this statement for the pur	F L.	•
or register familiar wit	ed agent, or both, in the State of I th, and accept the obligations of, s	lorida. Such change was authoriz	ed by the corpora	ation's board	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of changing its pintment as register	s registered office ad agent. I am
SIGNATURE		Statuto,	>.				
12.	Signature, typed or printed han e of registered	agont and title if applicable. (NO	OTE: Registered Agent sig	gnature required		DATE	
TITLE	OFFICERS AND DIRECTORS PD		13.		ADDITIONS/CHANGES TO OFFI		
NAME	OJALVO, EUGENIA		1. 1 TITLE 1.2 NAME			Change	Addition
STREET ADDRESS	21391 MARINE CORE C	IRCLE K-18	13 STREET ADI	ngess			
CITY-ST-ZIP	N MIAMI BEACH FL 331	80	1.4 C/TY-ST-Z	1			
TITLE		DELETE	2 1 TITLE			☐ Change	Addition
NAME CERTET ADOPTED			2.2 NAME				
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADD	DRESS			
TITLE		[] DELETE	24 CHTY-ST-Z 3. 1 THILE	IP			
NAME		C., F	3.1 NAME	•		☐ Change	Addition
STREET ADDRESS			3.3. STREET AD	DRESS			
CITY-ST-ZIP			3.4 CITY - ST - 21	IP.			
TITLE		☐ DELETE	4. 1 TITLE			☐ Change	Addition
NAME STREET ADDRESS			42 NAME		80000181 -05/14/96010	15 448	
CITY-ST-ZIP			4.3 STREET ADD	ŀ	***200.00	15054	
TITLE		DELETE	4.4 C(TY+ST+Z) 5.1 T(TLE	Ρ	***************************************		F** 4 1 12 1
NAME			5.2 NAME	ļ		☐ Change	☐ Addition
STREET ADDRESS			5.3 STREET ADD	PRESS			
CITY - ST - ZIP		77.1	5.4 CITY - ST - ZI	Р			
TITLE NAME		DELETE	6. 1 TITLE			Change	Addition
STREET ADDRESS			6.2 NAME				2001
CITY-ST-ZIP			6.3 STREET ADD	ł			75.
14. I do hereby	certify that the information supplic the information indicated on this a	ed with this filing is voluntarily furni	6.4 City - St - Zill shed and does no		the exemption stated in Section 119.0	7(3)(k). Florida Stati	ites I further
corny trial i	ure innormation indicated on this ai	⊓nuai report⊾or supolemental anni.	al report is true a	nd accurato	and that my planet we also the man	· (e)(iy) i iyilda Glatt	nos. Liuratier

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 appears in Block 12 or Block 13 at stunged, or on in attendment with an address.

SIGNATURE: 1

SIGNATURE AND VPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/16 (35)431-418C