

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

|                                      |                                                                                   |                                                                                                    |
|--------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| CORPORATION<br>ANNUAL REPORT<br>1995 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:33

DOCUMENT # 241847 (3)

1. Corporation Name

EVERGLADES TRADING COMPANY INC

Principal Place of Business

3121 PONCE DE LEON  
CORAL GABLES FL 33134

Mailing Address

3121 PONCE DE LEON  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/08/1960 3a. Date of Last Report 02/07/1994

4. FBI Number 59-0916815 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 29 Country

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 has liability for intangible tax under 5 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

VERDEJA, OCTAVIO  
3121 PONCE DE LEON  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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 of the corporation's registered agent and Florida representative

Signature of the corporation's registered agent and Florida representative

DATE

12. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | D                   |
| NAME           | VERDEJA, OCTAVIO    |
| STREET ADDRESS | 2511 SAN DOMINGO    |
| CITY, ST, ZIP  | CORAL GABLES FL     |
| TITLE          | D                   |
| NAME           | VERDEJA, GLORIA     |
| STREET ADDRESS | 2511 SAN DOMINGO    |
| CITY, ST, ZIP  | CORAL GABLES FL     |
| TITLE          | D                   |
| NAME           | VERDEJA, OCTAVIO JR |
| STREET ADDRESS | 1330 CORAL WAY      |
| CITY, ST, ZIP  | CORAL GABLES FL     |
| TITLE          | V                   |
| NAME           | DE CARDENAS, GLORIA |
| STREET ADDRESS | 14903 OAK BEND      |
| CITY, ST, ZIP  | HOUSTON TEXAS       |
| TITLE          | S                   |
| NAME           | HERNANDEZ, LOURDES  |
| STREET ADDRESS | 6131 SW 92 CT.      |
| CITY, ST, ZIP  | MIAMI FL            |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY, ST, ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY, ST, ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY, ST, ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY, ST, ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY, ST, ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 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)(b), 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 officer 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 of this report as an officer or trustee with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

Octavio Verdeja Eclair Mortham

1-13-95

Date

Signature of the corporation's registered agent and Florida representative