FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **531869** **(6)**

1. Corporation Name
UNITEC TRADING COMPANY

Principal Place of Business	Mailing Address
815 NW 57 AVE STE 400 MIAMI FL 33126-2042 US	815 NW 57 AVE STE 400 MIAMI FL 33126-2042 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/14/1977	3a. Date of Last Report: 07/06/1994
4. FEI Number: 59-1764385	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GONZALEZ, LOUIS O.
5805 BLUE LAGOON DR
S440
MIAMI FL 33126

10. Name and Address of New Registered Agent

31 Name: Gonzalez, Louis
32 Street Address (P.O. Box Number is Not Acceptable): 815 N.W. 57 Ave., Ste. 400
33
34 City: MIAMI, FL 35 Zip Code: 33126

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: Louis Gonzalez — April 26 95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	MUNOZ, ROSE	12 NAME	MUNOZ, ROSE	
STREET ADDRESS	8370 W FLAGLER ST	13 STREET ADDRESS	815 NW 57 Ave, Ste. 400	
CITY-ST-ZIP	MIAMI, FL 00000	14 CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	PD	21 TITLE	PD	☒ Change ☐ Addition
NAME	GONZALEZ, LOUIS	22 NAME	GONZALEZ, LOUIS	
STREET ADDRESS	8370 W FLAGLER ST	23 STREET ADDRESS	815 NW 57 Ave., Ste. 400	
CITY-ST-ZIP	MIAMI, FL 00000	24 CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	LUGO, PEDRO	32 NAME	LUGO, PEDRO	
STREET ADDRESS	8370 W FLAGLER ST	33 STREET ADDRESS	815 N.W. 57 AVE., STE 400	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	DPP MCCLOSKEY	41 TITLE	DPP	☒ Change ☐ Addition
NAME	MCCLOSKY, JOAN IRIS	42 NAME	MCCLOSKEY JOAN IRIS	
STREET ADDRESS	8370 W FLAGLER ST #238	43 STREET ADDRESS	815 NW 57 AVE., STE 400	
CITY-ST-ZIP	MIAMI, FL 00000	44 CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: X Louis Joan Gonzalez — X 4/26/95 — X (305) 262-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01075000 CP