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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 FEB -7 PM 3:20

DOCUMENT # 538473 (0)

1. Corporation Name
TRADE MART INTERNATIONAL DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
~~100 SE 2ND ST., 21ST FLOOR MIAMI FL 33131~~	~~100 SE 2ND ST., 21ST FLOOR MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/30/1977
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business	2a. Mailing Address
21 2222 Ponce De Leon Blvd	26 2222 Ponce De Leon Blvd.
Suite, Apt. #, etc. 22 [redacted] #303	Suite, Apt. #, etc. 27 [redacted] #303
City & State 23 Coral Gables, FL.	City & State 28 Coral Gables FL.
Zip 24 33134 Country 25 DADE	Zip 29 33134 Country 30 DADE

4. FEI Number: 59-1847864 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALLACE, MILTON J ~~100 SE 2ND ST., 21ST FLOOR~~ ~~MIAMI FL 33131~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 2222 Ponce De Leon Blvd 83 [redacted] #303 84 City Coral Gables, FL 85 Zip Code 33134

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 _____ (If changing, type or print 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	SD	11 TITLE	☒ Change ☐ Addition
NAME	WALLACE, MILTON J	12 NAME	
STREET ADDRESS	~~100 S.E. 2ND ST, 21ST FL~~	13 STREET ADDRESS	2222 Ponce De Leon Blvd
CITY-ST-ZIP	~~MIAMI, FL 00000~~	14 CITY-ST-ZIP	[redacted] #303 Coral Gables, FL. 33134
TITLE	PD	21 TITLE	☒ Change ☐ Addition
NAME	BURGIN, JAMES B	22 NAME	
STREET ADDRESS	~~100 S.E. 2ND ST, 21ST FL~~	23 STREET ADDRESS	2222 Ponce De Leon Blvd
CITY-ST-ZIP	~~SOUTH MIAMI, FL 00000~~	24 CITY-ST-ZIP	[redacted] #303 Coral Gables, FL. 33134
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
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/We hereby certify that the information supplied with this report is voluntarily furnished and is not used solely for the purposes stated in Section 119.07(5)(a), 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 with an indication of any change(s) in my position.

SIGNATURE: [signature] 2/1/95 305-444-9991

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

0127510 CP