

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:45

DOCUMENT # **541457** (8)

1. Corporation Name  
**FREZO INTERNATIONAL TRADING CORPORATION**

Principal Place of Business: **1001 S BAYSHORE DR SUITE 2104 MIAMI FL 33131**  
Mailing Address: **1001 S BAYSHORE DR SUITE 2104 MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/22/1977** 3a. Date of Last Report: **07/18/1994**  
4. FEI Number: **59-1980076** 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 § 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**RODRIGUEZ, FREDDY  
3512 BAYSHORE VILLAS, DR.  
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent  
81 Name: **RODRIGUEZ, FREDDY**  
82 Street Address (P.O. Box Number is Not Acceptable): **3512 BAYSHORE VILLAS, DR.**  
83 **COCONUT GROVE FL**  
84 City: **FL** 85 Zip Code: **33133**

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Signature (typed or printed name of registered agent and title if applicable) \_\_\_\_\_ (Name of Registered Agent - signature required where printing) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	<b>P</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, FREDDY</b>	1 NAME	
STREET ADDRESS	<b>3512 BAYSHORE VILLAS, DR.</b>	1 STREET ADDRESS	
CITY ST ZIP	<b>COCONUT GROVE FL</b>	1 CITY ST ZIP	
TITLE	<b>VST</b>	2 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, ZOE</b>	2 NAME	
STREET ADDRESS	<b>3512 BAYSHORE VILLAS, DR.</b>	2 STREET ADDRESS	
CITY ST ZIP	<b>COCONUT GROVE FL</b>	2 CITY ST ZIP	
TITLE		3 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY ST ZIP		3 CITY ST ZIP	
TITLE		4 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY ST ZIP		4 CITY ST ZIP	
TITLE		5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY ST ZIP		5 CITY ST ZIP	
TITLE		6 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY ST ZIP		6 CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and equally for the incorporation of the corporation in the State of Florida. I further certify that the information included on this annual report or supplemental annual report is true and correct, and that my signature shall have the same legal effect as if made on the date that I am an officer or director of the corporation or the no longer or longer represented to occur on this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *Freddie Rodriguez* *Zoe Rodriguez* 1/13/95 (305) 372-1125  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR