FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

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

1996 4-19-96 B- 4005 C

DOCUMENT # 638173 (5)

1. Corporation Name

TRANS-INDIES TRADING CORP.

Principal Place of Business	Mailing Address
5100 WEST COPANS ROAD. SUITE 910 MARGATE FL 33063	5100 WEST COPANS ROAD. SUITE 910 MARGATE FL 33063

3. Date Incorporated or Qualified: **10/01/1979**

3a. Date of Last Report: **04/20/1995**

4. FEI Number: **59-1968485** ☐ 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

KIKOL, DON
5100 WEST COPANS ROAD, SUITE 910
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KIKOL, DON		1.2 NAME	
STREET ADDRESS	2141 N.W. 76TH TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KIKOL, ROSE MARIE		2.2 NAME	
STREET ADDRESS	2141 N.W. 76TH TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KIKOL, LISA MARIE		3.2 NAME	
STREET ADDRESS	2141 N.W. 76TH TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KIKOL, KARLA ANN		4.2 NAME	
STREET ADDRESS	2141 N.W. 76TH TERRACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KIKOL, LAURA CHRISTINE		5.2 NAME	
STREET ADDRESS	2141 N.W. 76TH TERRACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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)(i), Florida Statutes. I further certify that the information indicated on this 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, added or deleted.

SIGNATURE: PRESIDENT/DIRECT/TREASURER 1/13/96 ~~$35~~ 954- PD 3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Cash / Check

TRANS-INDIES TRADING CORP.

CR2E034 (12/95)