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

FILED
95 MAR 20 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 641144 (1)

1. Corporation Name
INLAND TRADE, INCORPORATED

Principal Place of Business	Mailing Address
P. O. BOX 165005 MIAMI FL 33116-5005 US	P. O BOX 165005 MIAMI FL 33116-5005 US

400001436164
-03/22/95--01042--001
****400.00 ****200.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1979
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-1935081 — 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. The corporation has liability for intangible tax under s. 199, F.S., Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 9930 S.W. 87 Street	26 P.O. Box 165005
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33173-3967 County 25 DADE	Zip 29 33116-5005 County 30

9. Name and Address of Current Registered Agent

SCHEINBERG, THELMA MRS.
9310 SW 100 AVE RD.
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: RAFAEL SCHEINBERG
82 Street Address (P.O. Box Number is Not Acceptable): 9930 S.W. 87 Street
83
84 City: MIAMI FL 85 33173

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: Rafael Scheinberg 1/24/95
(Signature of Registered Agent)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SCHEINBERG, RAFAEL
STREET ADDRESS	9310 SW 100 AV. RD.
CITY-ST-ZIP	MIAMI FL
TITLE	ST
NAME	SCHEINBERG, THELMA
STREET ADDRESS	9310 SW 100 AV. RD.
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — (Change / Addition boxes, all blank)

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, 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: Rafael Scheinberg RAFAEL SCHEINBERG 1/24/95 305-274-3641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0427082 FP