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 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003894 (3)

1. Corporation Name

BLOOMINGTON TRADING COMPANY, INC.

Principal Place of Business	Mailing Address
EMPIRE STATE BUILDING 350 5TH AVENUE, SUITE NO 3304 NEW YORK NY 10118-0069	EMPIRE STATE BUILDING 350 5TH AVENUE, SUITE NO 3304 NEW YORK NY 10118-0069

DO NOT WRITE IN THIS SPACE

PL NOTE CHANGE OF ADDRESS.

2. Principal Place of Business	21 1000, SAVAGE COURT	2a. Mailing Address	26 1000, SAVAGE COURT.
Suite, Apt #, etc	22 SUITE #102	Suite, Apt #, etc	27 SUITE #102
City & State	23 LONGWOOD FLORIDA	City & State	28 LONGWOOD FLORIDA
Zip	24 32750	Zip	29 32750
Country	25 U.S.A.	Country	30 U.S.A.

3. Date Incorporated or Qualified	08/26/1993
3a. Date of Last Report	10/10/1994
4. FEI Number	11-3093065 ☐ 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
KHAN, MOZAFFER A 409 MONTGOMERY RD #145 ALTAMONTE SPRINGS FL 32714	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 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	KHAN, MOZAFFER A	1.2 NAME	KHAN, MOZAFFER A.
STREET ADDRESS	409 MONTGOMERY RD #145	1.3 STREET ADDRESS	1000 SAVAGE COURT #102
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY-ST-ZIP	LONGWOOD FL 32750.
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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)(k), 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: M. A. Khan 4-29-95 407-830-1310

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

04789009 FP