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 FEB 23 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

DOCUMENT # G39870 (2)

1. Corporation Name

~~TRADE WINDS FORWARDING, INC.~~ GAILCO INC

Principal Place of Business
13501 S.W. 128 ST. #115
MIAMI FL 33186

Mailing Address
13501 S.W. 128 ST. #115
MIAMI FL 33186

3. Date Incorporated or Qualified: 05/19/1983
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business
21
22 Suite, Apt #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 8344 SW 168 Terr.
27 Suite, Apt. #, etc.
28 City & State: Miami FL
29 Zip: 33157
30 Country: USA

4. FEI Number: 59-2313654 ☐ 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

GARCIA-MENDOZA, GAIL ANN
7600 S.W. 94TH AVE.,
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name: GARCIA-MENDOZA GAIL ANN
82 Street Address (P.O. Box Number is Not Acceptable): 8344 SW 168 Terrace
83
84 City: Miami FL
85 Zip Code: 33157

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☑ Change ☐ Addition
NAME	GARCIA-MENIDOZA, GAIL ANN	1 2 NAME	
STREET ADDRESS	7600 SW 94 AVE.	1 3 STREET ADDRESS	8344 SW 168 TERRACE
CITY-ST-ZIP	MIAMI FL	1 4 CITY-ST-ZIP	MIAMI FL 33157
TITLE	D	2 1 TITLE	☑ Change ☐ Addition
NAME	GARCIA-MENIDOZA, ARMANDO	2 2 NAME	
STREET ADDRESS	7600 SW 94 AVE.	2 3 STREET ADDRESS	8344 SW 168 Terrace
CITY-ST-ZIP	MIAMI FL	2 4 CITY-ST-ZIP	MIAMI FL 33157
TITLE	DP	3 1 TITLE	☑ Change ☐ Addition
NAME	ANA TRAINOR	3 2 NAME	
STREET ADDRESS	7600 SW 94 AVE.	3 3 STREET ADDRESS	16500 SW 81 Ave
CITY-ST-ZIP	MIAMI FL	3 4 CITY-ST-ZIP	Miami FL 33157
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: Gail Ann Garcia-Mendoza 2-7-95 305-256-3996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E090