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 # **H16346** **(9)**

1. Corporation Name
FLAGSHIP TRADE SERVICES, INC.

Principal Place of Business	Mailing Address
1550 NW 96TH AVE MIAMI FL 33172	1550 NW 96TH AVE MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1984
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business
21: 990 HUNTING LODGE DR.
22: Suite, Apt. #, etc
23: City & State: MIAMI SPRINGS, FL
24: Zip: 33166 25: Country: USA

2a. Mailing Address
26: 990 HUNTING LODGE DR.
27: Suite, Apt. #, etc
28: City & State: MIAMI SPRINGS, FL
29: Zip: 33166 30: Country: USA

4. FEI Number: 59-2439103 ☐ 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

MOONEY, NEIL B.
990 HUNTING LODGE DR
.
MIAMI SPGS. FL 33166

10. Name and Address of New Registered Agent

81 Name: MOONEY MARGARET
82 Street Address (P.O. Box Number Not Acceptable): 990 HUNTING LODGE DR.
83:
84 City: MIAMI SPRINGS FL 85 Zip Code: 33166

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: [signature] MARGARET MOONEY 4/27/95
(Signature of person or printed name of registered agent listed in 4 above) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MOONEY, NEIL B.	12 NAME		
STREET ADDRESS	990 HUNTING LODGE DR	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	ST	21 TITLE		☐ Change ☐ Addition
NAME	MOONEY, MARGARET	22 NAME		
STREET ADDRESS	990 HUNTING LODGE DR	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE		☒ Change ☐ Addition
NAME	VERSACI, DANTE F.	32 NAME	REMOVE = NO VP	
STREET ADDRESS	4081 W. 6TH CT.	33 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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: [signature] MARGARET MOONEY 4/27/95 (305) 871-0222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0187018 CP