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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10: 17

DOCUMENT # H55144 (0)

1. Corporation Name
D. A. TRADING, INC.

Principal Place of Business
2455 E. SUNRISE BLVD., SUITE 600
FORT LAUDERDALE FL 33304

Mailing Address
2455 E. SUNRISE BLVD., SUITE 600
FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 One Financial Plaza
Suite, Apt. #, etc
22 Suite 1600
City & State
23 Fort Lauderdale, FL
Zip 24 33394 Country 25 Broward

2a. Mailing Address
26 One Financial Plaza
Suite, Apt. #, etc
27 Suite 1600
City & State
28 Fort Lauderdale, FL
Zip 29 33394 Country 30 Broward

4. FEI Number: 59-2574299 — 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
COOPER, MARSHALL J.
2455 E. SUNRISE BLVD., SUITE 600
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): One Financial Plaza, Suite 1600
83
84 City: Fort Lauderdale FL 85 Zip Code: 33394

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 resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ARCHAMBEAU, DAVID A.	1.2 NAME	
STREET ADDRESS	P.O. BOX 1323, NA	1.3 STREET ADDRESS	
CITY - ST - ZIP	LYNDONVILLE VT	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	ARCHAMBEAU, SHARON L	2.2 NAME	
STREET ADDRESS	BOX 1323 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	LYNDONVILLE VT	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: David A. Archambeau 5-22-95 802-626-6644
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0211029 CP