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 FEB -1 AM 11:26

DOCUMENT # **L24807** (4)

1. Corporation Name
RONICAL INTERNATIONAL TRADING, INC.

Principal Place of Business	Mailing Address
~~2097 WEMBLEY PL~~ ~~OVIEDO FL 32765~~ US	~~2084 WEMBLEY PL~~ ~~OVIEDO FL 32765~~ US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/23/1989
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3002602	☐ Applied For ☐ Not Applicable
21 412 HARLEY CT	26 115 PALMER AV		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: OVIEDO FL	28 City & State: WINTER PARK	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 32765 25 Country: Seminole	29 Zip: 32789 30 Country: Orange	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
~~ADIL, ELIAS R~~ ~~2084 WEMBLEY PL~~ ~~OVIEDO FL 32765~~ ELIAS, ADIL R.	81 Name: ADIL R. ELIAS 82 Street Address (P.O. Box Number is Not Acceptable) 83 115 PALMER AV 84 City: WINTER PARK FL 85 Zip Code: 32789

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] ADIL ELIAS 1/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	ELIAS, ADIL R.	1.2 NAME	ELIAS, ADIL R.	
STREET ADDRESS	~~2084 WEMBLEY PLACE~~	1.3 STREET ADDRESS	115 PALMER AV	
CITY-ST-ZIP	~~OVIEDO FL~~	1.4 CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	ELIAS, AIDA A.	2.2 NAME	ELIAS, AIDA A.	
STREET ADDRESS	2084 WEMBLEY PLACE	2.3 STREET ADDRESS	115 PALMER AV	
CITY-ST-ZIP	OVIEDO FL	2.4 CITY-ST-ZIP	WINTER PARK FL 32789	
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)(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] ADIL ELIAS 1/26/95 407 621 7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043843 CP