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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 -1 AM 9:02

DOCUMENT # **L40036** **(0)**

1. Corporation Name
RELIANCE TRADING CORPORATION

Principal Place of Business	Mailing Address
7875 NW 12 ST SUITE 100 MIAMI FL 33126 US	7875 NW 12 ST SUITE 100 MIAMI FL 33126 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/29/1989**
3a. Date of Last Report: **03/03/1994**

2. Principal Place of Business
21: 7875 NW 12 ST
Suite, Apt. #, etc.
22: 109
City & State
23: MIAMI FL
Zip
24: 33126
Country
25:

2a. Mailing Address
26: 7875 NW 12 ST
Suite, Apt. #, etc.
27: 109
City & State
28: MIAMI FL
Zip
29: 33126
Country
30:

4. FEI Number: **65-0074439** ☐ 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

PICANS, RENE
13315 SW 98 PLACE
MIAMI FL FL 33176

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	RICHA, GEORGE	12 NAME		
STREET ADDRESS	JOSE AGUSTIN ARANGO AVE, J. D.	13 STREET ADDRESS		
CITY ST ZIP	PANAMA RE	14 CITY ST ZIP		
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	HOFFMAN, CARLOS	22 NAME	ANTONIO RICHA	
STREET ADDRESS	11 JUEGOS CENTROAMERICANOS STREET	23 STREET ADDRESS	JOSE AGUSTIN ARANGO AVE., J.D.	
CITY ST ZIP	PANAMA RE	24 CITY ST ZIP	PANAMA, RE	
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	RICHA, JOSEPH	32 NAME		
STREET ADDRESS	JOSE AGUSTIN ARANGO AVE, J. D.	33 STREET ADDRESS		
CITY ST ZIP	PANAMA RE	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: Joseph Richa JOSEPH RICHA (305)5747107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0183403 CP