

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, UNKNOWN AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L74251

(4)

1. Corporation Name

COTRA TRADER CORPORATION

FILED
95 JUL 11 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

415-A PINEDA CT
MELBOURNE FL 32940

Mailing Address

415-A PINEDA CT
MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/17/1990

3a. Date of Last Report

05/13/1994

4. FEI Number

59-3016861

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under s. 169.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1275 South Patrick Dr

2a. Mailing Address

26 P.O. Box 46196

Suite, Apt. #, etc.

22 # D

Suite, Apt. #, etc.

27

City & State

23 Satellite beach, FLA

City & State

28 Melbourne FLA

Zip

24 32937

County

25 U.S.A

Zip

29 32940

County

30 U.S.A

9. Name and Address of Current Registered Agent

MOSLEY, CURTIS R
415-A PINEDA CT.
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name

Guy Bouvret

82 Street Address (P.O. Box Number is Not Acceptable)

1275 S. Patrick Dr

83

Suite D

84

City Satellite Beach

FL

85 Zip Code

32937

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 responsibilities of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

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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 110.07(3)(d), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #