SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M20884** **(6)**

1. Corporation Name

GIANT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
490 WATKINS RD. HAINES CITY FL 33844 US	490 WATKINS RD. HAINES CITY FL 33844 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/20/1985
3a. Date of Last Report: 08/05/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2582304	☐ Applied For ☐ Not Applicable
21 10 PINE RUN	26 10 PINE RUN		
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 HAINES City - Fl	City & State 28 HAINES City - Fl	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33844 Country 25 USA.	Zip 29 33844 Country 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

LUIS SOTO
490 WATKINS RD.
HAINES FL 33844

10. Name and Address of New Registered Agent

01 Name: LUIS SOTO
02 Street Address (P.O. Box Number is Not Acceptable): 10 PINE RUN
03 —
04 City: HAINES City - FL 05 Zip Code: 33844

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	SOTO, LUIS	1.2 NAME	P.D. SOTO LUIS
STREET ADDRESS	490 WATKINS RD.	1.3 STREET ADDRESS	10 PINE RUN
CITY-ST-ZIP	HAINES FL	1.4 CITY-ST-ZIP	HAINES City - Fl.
TITLE	SD	2.1 TITLE	☒ Change ☐ Addition
NAME	CASAS, AMPARO	2.2 NAME	SD CASAS, AMPARO
STREET ADDRESS	490 WATKINS RD	2.3 STREET ADDRESS	10 PINE RUN
CITY-ST-ZIP	HAINES CITY FL	2.4 CITY-ST-ZIP	HAINES City - Fl
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	

CR2E034 (3/95)

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 added on an attachment with an address.

SIGNATURE: X Luis Soto L. 7/28/95 (941) 439-4421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0104155 CP