FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M39412** **(5)**

1. Corporation Name

EAST POINT TRADING CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 144537 CORAL GABLES FL 33114-1537	P.O. BOX 144537 CORAL GABLES FL 33114-1537

3. Date Incorporated or Qualified: **10/02/1986**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-2726828** ☐ 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

GERARDO FERRARI
1311 PIZARRO STREET
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Gerardo Ferrari
82 Street Address (P.O. Box Number is Not Acceptable): 6901 S.W. 82nd Ct.
83
84 City: Miami FL 85 Zip Code: 33143

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: 4/30/96
Signature, typed or printed name of registered agent, and date (required)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FERRARI, GERARDO	
STREET ADDRESS	1311 PIZARRO STREET	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VPD	☐ DELETE
NAME	FERRARI, MONICA A.	
STREET ADDRESS	1311 PIZARRO ST	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	☒ DELETE
NAME	MENDEZ, CARLOS E.	
STREET ADDRESS	902 MONTEREY STREET	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	[redacted]	☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	6901 S.W. 82nd Ct.	
1.4 CITY-ST-ZIP	Miami, FL 33143	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	6901 S.W. 82nd Ct.	
2.4 CITY-ST-ZIP	Miami FL 33143	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
4.2 NAME	GERARDO SCHEEL	
4.3 STREET ADDRESS	6901 SW 82 CT.	
4.4 CITY-ST-ZIP	MIAMI, FL 33143	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 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: Monica A Ferrari MONICA A. Ferrari 04/29/96 305 270-0068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #