

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # M43023 (4)

95 JUN 30 AM 9:18

1. Corporation Name
1-95 TRADE CENTER, INC.

Principal Place of Business / Mailing Address
**% ROBERT L. MUNNO
 409 W. HALLANDALE BEACH BLVD.
 HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **12/11/1986**
 3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 4915 GRANADA BL.	26 % CESAR E. SERRANO	59-2081628	<input type="checkbox"/> Not Applicable
22 CORAL GABLES	27 4915 GRANADA BL.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 FL	28 CORAL GABLES, FL	6. Taxpayer (Check appropriate)	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 33146	25 USA	29 33146	30 USA

9. Name and Address of Current Registered Agent
**MUNNO, ROBERT L.
 409 W. HALLANDALE BCH BLVD.
 HALLANDALE FL 33009**

10. Name and Address of New Registered Agent
 81 Name: **CESAR E SERRANO**
 82 Street Address (P.O. Box Number is Not Acceptable): **4915 GRANADA BLVD**
 83
 84 City: **CORAL GABLES FL** 85 Zip Code: **33146**

11. Pursuant to the provisions of Sections 607 (1)(d) 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 0905, Florida Statutes.

SIGNATURE: *Cesar E. Serrano* **CESAR E. SERRANO 6/12/1995**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL REGISTERED AGENTS	
TITLE: DV	NAME: MUNNO, ROBERT L.	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 409 W. HALLANDALE BCH. HALLANDALE FL		1.2 NAME:	
CITY, ST, ZIP:		1.3 STREET ADDRESS: 5701 HOLLYWOOD BLVD, SUITE B HOLLYWOOD, FL. 33021	
TITLE: D	NAME: FOWLER, PHILLIP N.	1.4 CITY, ST, ZIP:	
STREET ADDRESS: 681 KENSINGTON PLACE WILTON MANORS FL		2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP:		2.2 NAME: } DELETE	
TITLE:		2.3 STREET ADDRESS: }	
NAME:		2.4 CITY, ST, ZIP: }	
STREET ADDRESS:		3.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY, ST, ZIP:		3.2 NAME: CESAR E SERRANO	
TITLE:		3.3 STREET ADDRESS: 4915 GRANADA BLVD.	
NAME:		3.4 CITY, ST, ZIP: CORAL GABLES, FL, 33146	
STREET ADDRESS:		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP:		4.2 NAME:	
TITLE:		4.3 STREET ADDRESS:	
NAME:		4.4 CITY, ST, ZIP:	
STREET ADDRESS:		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP:		5.2 NAME:	
TITLE:		5.3 STREET ADDRESS:	
NAME:		5.4 CITY, ST, ZIP:	
STREET ADDRESS:		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP:		6.2 NAME:	
TITLE:		6.3 STREET ADDRESS:	
NAME:		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 110 07(3)(A), 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. I am an officer or director of the corporation or the receiver or trustee empowered to conduct the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: *Cesar E. Serrano* **CESAR E. SERRANO 6/12/95**
 SIGNATURE AND TYPE OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR
 (305) 594-3044

CR2E034 (3/95)