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 # M58301

1. Corporation Name
JOHN GODY TRADE & INVESTMENTS CORP.

Principal Place of Business
5545 S.W. 8th. St.
SUITE 104
MIAMI FL. 33134

Mailing Address
5545 SW 8th. St.
SUITE 104
MIAMI FL. 33134

3. Date Incorporated or Qualified: 5/19/87
3a. Date of Last Report: 1995

2. Principal Place of Business
21: 5545 SW 8th. St
Suite, Apt. #, etc
22: SUITE #104
City & State
23: MIAMI FL.
Zip 24: 33134 Country 25: DADE

2a. Mailing Address
26: 5545 SW 8th. St.
Suite, Apt. #, etc.
27: SUITE 104
City & State
28: MIAMI FL.
Zip 29: 33134 Country 30: DADE.

4. FEI Number: 65-0021309. ☐ 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
SERGIO E. RUIZ.
3401 SW 8th. St
MIAMI FL. 33145

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 _____ 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 P. D NAME STREET ADDRESS CITY-ST-ZIP	JOHN GODY 3333 BRICKELL AVE APT 1911 MIAMI FL.	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V.P. D NAME STREET ADDRESS CITY-ST-ZIP	SERGIO E. RUIZ. 3401 SW 8th. ST MIAMI FL. 33145	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S.D NAME STREET ADDRESS CITY-ST-ZIP	SERGIO E. RUIZ. 3401 SW 8th. St MIAMI FL. 33146	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T. D NAME STREET ADDRESS CITY-ST-ZIP	SERGIO E RUIZ. 3401 SW. 8th. St. MIAMI FL. 33146	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 300001873975 -06/25/96--01003--026 ***225.00

CR2E034 (12/95)

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)(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: Sergio E Ruiz SERGIO E. RUIZ. 5/21/96 305-265-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

05/24/96