

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 10:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P37308

(4)

1. Corporation Name

A.C.T. TRADING DE PANAMA S.A.

Principal Place of Business

**2503 S.W. 27TH AVENUE
MIAMI FL 33133**

Mailing Address

**2503 S.W. 27TH AVENUE
MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1992

3a. Date of Last Report

05/20/1994

4. FEI Number

NOT APPLICABLE

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

1699 Coral Way

Suite, Apt. #, etc.

27

315

City & State

28

Miami, Florida

Zip

29

33145

Country

30

9. Name and Address of Current Registered Agent

**ALONSO, ANTONIO E.
1699 CORAL WAY, SUITE 315
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

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**CP
RUBIO, CARLOS EDUARDO
EDIFICIO POLI CENTRO AVE
PANAMA CITY, PANAMA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VCS
RUBIO, JORGE HERNAN
EDIFICIO POLI CENTRO AVE
PANAMA CITY, PANAMA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DT
VASQUEZ, GERARDO
EDIFICIO POLI CENTRO AVE
PANAMA CITY, PANAMA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
O'DONEL, EDILBERTO
EDIFICIO POLI CENTRO AVE
PANAMA CITY, PANAMA**

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

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), Florida Statutes. I further certify that the information indicated on the 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

ANTONIO E. ALONSO

REGISTERED AGENT

4/18/95

(305) 858-7452