FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
1995 MAY -1 PM 3:23
TALLAHASSEE, FLORIDA

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-05/17/95--01158--013
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000000011 (6)

1. Corporation Name
AMALGAMATED EXPORTERS, INC.

Principal Place of Business
615 NE 164TH ST.
NORTH MIAMI BEACH FL 33162

Mailing Address
615 NE 164TH ST.
NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified: 10/23/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0366135 ☐ 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

2. Principal Place of Business
21 14613 S.W. 154 CT.
22 Suite, Apt. #, etc: VICTORIA PARC
23 City & State: MIAMI FLORIDA
24 Zip: 33196
25 Country: U.S.A.

2a. Mailing Address
26 14613 S.W. 154 CT.
27 Suite, Apt. #, etc: VICTORIA PARC
28 City & State: MIAMI FLORIDA
29 Zip: 33196
30 Country: U.S.A.

9. Name and Address of Current Registered Agent
KING, RUDOLPH N
615 NE 164TH ST.
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
81 Name: RUDOLPH N. KING
82 Street Address (P.O. Box Number is Not Acceptable): 14613 S.W. 154 CT.
83 VICTORIA PARC
84 City: MIAMI FL 85 Zip Code: 33196

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] (RUDOLPH N. KING) 5/9/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	KING, RUDOLPH N	1.2 NAME	RUDOLPH N. KING
STREET ADDRESS	615 NE 164TH ST.	1.3 STREET ADDRESS	14613 S.W. 154 CT - VICTORIA PARC
CITY ST ZIP	NORTH MIAMI BEACH FL 33162	1.4 CITY ST ZIP	MIAMI FLORIDA - 33196
TITLE	DST	2.1 TITLE	SECRETARY/TREASURER ☒ Change ☐ Addition
NAME	KING, CONRAD G	2.2 NAME	CONRAD G. KING
STREET ADDRESS	615 NE 164TH ST.	2.3 STREET ADDRESS	14613 S.W. 154 CT. VICTORIA PARC
CITY ST ZIP	NORTH MIAMI BEACH FL 33162	2.4 CITY ST ZIP	MIAMI - FL. 33196
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	[initials]
STREET ADDRESS		6.3 STREET ADDRESS	5-1-95
CITY ST ZIP		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 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: [signature] 5/9/95 (305) 283 5726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0176240 CP