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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG 10 PM 12:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P92000007192 (7)**

1. Corporation Name
COMCA INTERNATIONAL U.S.A., INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
7379 NW 31ST ST. MIAMI FL 33122-1250 US	POST OFFICE BOX 522901 MIAMI FL 33152-3901 US

3. Date Incorporated or Qualified: 11/19/1992
3a. Date of Last Report: 08/19/1994

2. Principal Place of Business — 21: 7379 N.W. 31ST ST.
22 Suite, Apt. #, etc.: C/O PRONTO - PACK
23 City & State: MIAMI, FL
24 Zip: 33122
25 Country: USA

2a. Mailing Address — 26: P.O. Box 523901
27 Suite, Apt. #, etc.: C/O PRONTO - PACK
28 City & State: MIAMI, FL
29 Zip: 33152
30 Country: USA

4. FEI Number: 65-0379525 ☐ 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

MARTINEZ, ANDRES G.
7379 NORTHWEST 31ST STREET
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name: ANDRES G. MARTINEZ / C/O PRONTO - PACK
82 Street Address (P.O. Box Number is Not Acceptable): 7379 N.W. 31ST ST
83
84 City: MIAMI (FL) 85 Zip Code: 33122

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	VP	1.1 TITLE		☒ Change ☐ Addition
NAME	DE MARTINEZ, CECILIA	1.2 NAME		
STREET ADDRESS	7379 NORTHWEST 31ST STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	33122	
TITLE	PD	2.1 TITLE		☒ Change ☐ Addition
NAME	MARTINEZ, FERNANDO	2.2 NAME		
STREET ADDRESS	739 NORTHWEST 31ST STREET	2.3 STREET ADDRESS	7379	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	33122	
TITLE	VP	3.1 TITLE		☒ Change ☐ Addition
NAME	MARTINEZ, ANDRES N	3.2 NAME		
STREET ADDRESS	7379 NORTHWEST 31ST STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	33122	
TITLE	VP	4.1 TITLE		☒ Change ☐ Addition
NAME	RAPALO, MATILDE D	4.2 NAME		
STREET ADDRESS	7379 NORTHWEST 31ST STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	33122	
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		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(i), 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] ANDRES G. MARTINEZ 8/1/95 (305) 229-9309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0143904 FF