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95 APR 18 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P93000003300 (9)

1. Corporation Name
ALFA TRADE, INC.

Principal Place of Business	Mailing Address
~~9999 FOUNTAINEBLEAU BLVD #J110~~	~~9531 FOUNTAIN BEACH BLVD~~
~~MIAMI FL 33172~~	~~STE 411~~
	~~MIAMI FL 33172~~
	US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 Alfa Trade, Inc. 3045 NW 82nd Ave.	Suite, Apt. #, etc. 27 Alfa Trade, Inc. 3045 NW 82nd Ave.
City & State 23 Miami, FL 33122 USA	City & State 28 Miami, FL 33122 USA
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 01/14/1993
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0385258 ☐ 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

LEE, ~~JOONG~~ JON K
9531 FOUNTAIN BLEAU BLVD
STE 411
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: CLOVIS CUNHA
82 Street Address (P.O. Box Number is Not Acceptable): 10010 N.W. 44th Terr., # 302
83
84 City: Miami FL 85 Zip Code: 33178

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], Jon Lee / President [signature] Clovis Cunha / VP 3-19-95

Signature, typed or printed name of registered agent and title if applicable / (NOTE: Registered Agent signature required when reinstating) / DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1 1 TITLE	☑ Change ☐ Addition
NAME	LEE, ~~JOONG~~ JON K	1 2 NAME	LEE, JON K.
STREET ADDRESS	~~9999~~ 9531 FONTAINEBLEAU BLVD #411	1 3 STREET ADDRESS	9531 Fontainebleau Blvd #411
CITY ST ZIP	MIAMI FL 33172	1 4 CITY ST ZIP	Miami FL 33172
TITLE	~~VTD~~	2 1 TITLE	☑ Change ☐ Addition
NAME	~~LEE, JOONG Y.~~	2 2 NAME	"Delete"
STREET ADDRESS	~~9531 FONTAINEBLEAU BLVD #411~~	2 3 STREET ADDRESS	
CITY ST ZIP	~~MIAMI FL~~	2 4 CITY ST ZIP	
TITLE		3 1 TITLE	VP ☐ Change ☑ Addition
NAME		3 2 NAME	CLOVIS CUNHA
STREET ADDRESS		3 3 STREET ADDRESS	10010 NW 44th Terr., #302
CITY ST ZIP		3 4 CITY ST ZIP	Miami FL 33178
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	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	$ DEPOSITED BY BANK

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], Jon Lee / President 3-19-95 (305) 593-1545

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

RW 4-18-95

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