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

FILED
95 AUG -1 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000011656 (4)**

1. Corporation Name
ALLIANCE INTERNATIONAL TRADING COMPANY, INC.

Principal Place of Business	Mailing Address
6586 GATEWAY AVENUE SUITE 215 SARASOTA FL 34231	6586 GATEWAY AVENUE SUITE 215 SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1993
3a. Date of Last Report: 07/26/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0394269 ☐ 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

POSEY, PATRICIA
2938 MAYFLOWER STREET
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name: W. ANDERSON
82 Street Address (P.O. Box Number is Not Acceptable): ~~2438~~ 2929 MAYFLOWER ST.
83
84 City: SARASOTA FL 85 Zip Code: 34231

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: W. Anderson SEC/TREAS. ADMINISTRATOR 6/30/95
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	~~NOT~~ MANAGEMENT DIRECTOR	11 TITLE	SEC./TREAS. PRES.	☐ Change ☒ Addition
NAME	POSEY, PATRICIA	12 NAME	W. ANDERSIN	
STREET ADDRESS	2938 MAYFLOWER STREET	13 STREET ADDRESS	2929 MAYFLOWER ST.	
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	SARASOTA FL. 34231	
TITLE		21 TITLE	MANAGEMENT DIRECTOR	☒ Change ☐ Addition
NAME		22 NAME	PATRICIA POSEY	
STREET ADDRESS		23 STREET ADDRESS	2938 MAYFLOWER ST.	
CITY ST ZIP		24 CITY ST ZIP	SARASOTA, FL. 34231	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: W. Anderson W. ANDERSON 6/30/95 924-6254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0330470 CP