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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P93000025325

1. Corporation Name

LOYAL TRADING CORP.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 4/5/93
3a. Date of Last Report: 3/14/96

2. Principal Place of Business	2a. Mailing Address
21 8315 N.W. 64 STREET	26 8315 N.W. 64 STREET
Suite, Apt. #, etc. 22 BAY 1	Suite, Apt. #, etc. 27 BAY 1
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33166 Country 25 U.S.A.	Zip 29 33166 Country 30 U.S.A.

4. FEI Number: 65-399006 ☐ 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	10. Name and Address of New Registered Agent
BORGES, ANTONIO LUIZ 8315 N.W. 64 STREET BAY 1 MIAMI, FL 33166	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 8315 N.W. 64 STREET 83 BAY 1 84 City MIAMI FL 85 Zip Code 33166

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 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	P/S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BORGES, ANTONIO LUIZ		1.2 NAME		
STREET ADDRESS	9809 COSTA DEL SOL BLVD.		1.3 STREET ADDRESS	9809 COSTA DEL SOL BLVD.	
CITY-ST-ZIP	MIAMI, FL 33178		1.4 CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	VP/T	☐ DELETE	2.1 TITLE	VP/T	☐ Change ☒ Addition
NAME	KUSCHNIR, JAYME ELIAS		2.2 NAME	KUSCHNIR, JAYME ELIAS	
STREET ADDRESS	8315 N.W. 64 STREET BAY 1		2.3 STREET ADDRESS	8315 N.W. 64 STREET BAY 1	
CITY-ST-ZIP	MIAMI, FL 33166		2.4 CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	800002124278	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	-03/26/97--01003--016	
TITLE		☐ DELETE	6.1 TITLE	***165.00	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

03/25

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____ Antonio Luiz Borges (305) 406-3782
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone Number