2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 18, 2004 8:00 am **Secretary of State** DOCUMENT # P93000030797 1. Entity Name 03-18-2004 90005 008 ***150.00 MICO TRADE CORP. Principal Place of Business Mailing Address 1 GROVE ISLE DR, 1502 COCONUT GROVE FL 33133 54019149 1 GROVE ISLE DR, 1502 SUITE 159 COCONUT GROVE FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0408357 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HICKS, PAUL F Street Address (P.O. Box Number is Not Acceptable) 1 GROVE ISLE DR, #1502 COCONUT GROVE FL 33133 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition HICKS PAUL F. NAME NAME STREET ADDRESS 8600 NW SO RIVER DR. STREET ADDRESS MIAMI FL 33166 CITY-ST-7IP CITY-ST-ZIP VPS TITLE Delete ☐ Change ☐ Addition HICKS BEATRZ L. NAME NAME STREET ADDRESS 8600 NW SO RIVER DR. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Addition ☐ Delete TITLE Change NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered SIGNATURE: SIGNATURE AND TYPE NG OFFICER OR DIRECTOR Daytime Phone

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