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

APPROVED AND FILED
95 APR 26 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000032405 (1)**

1. Corporation Name
FYL TRADING COMPANY

Principal Place of Business	Mailing Address
PO BOX 430047 MIAMI FL 33247	PO BOX 430047 MIAMI FL 33247

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/05/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 12365 S.W. 151 ST	26 P.O. Box 430047
Suite, Apt. #, etc. 22 #C-210	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip / Country 24 33186 / 25 U.S.A.	Zip / Country 29 33243 / 30 USA

4. FEI Number: 65-0409937 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAMSON, PHIL
12229 S.W. 10TH STREET
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: PHIL WILLIAMSON - MANAGING DIRECTOR — 19 APR. 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	D	1.1 TITLE	~~PRESIDENT~~ P M	☒ Change ☐ Addition
NAME	WILLIAMSON, PHIL	1.2 NAME	WILLIAMSON, PHIL	
STREET ADDRESS	5064 NW 195 LN	1.3 STREET ADDRESS	20954 S.W. 122 PLACE	
CITY-ST-ZIP	MIAMI FL 33055	1.4 CITY-ST-ZIP	MIAMI, FL. 33177	
TITLE	D	2.1 TITLE	~~SEC~~ P	☐ Change ☒ Addition
NAME	~~WILLIAMSON, HORACE H~~ } DELETE	2.2 NAME	~~BEVERLY~~ ARCHIE, BEVERLY	
STREET ADDRESS	~~PO BOX 430047 N/A~~	2.3 STREET ADDRESS	20954 S.W. 122 PLACE	
CITY-ST-ZIP	~~MIAMI FL 33247~~	2.4 CITY-ST-ZIP	MIAMI, FL 33177	
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	ARCHIE, SANDRA A.	3.2 NAME		
STREET ADDRESS	20954 S.W. 122ND PLACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33177	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	~~VICE PRESIDENT~~ S	☐ Change ☒ Addition
NAME		4.2 NAME	ARCHIE, CARL	
STREET ADDRESS		4.3 STREET ADDRESS	20954 S.W. 122 PLACE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL. 33177	
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		

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: 19 APRIL 95 — 305-256-1499
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0431348 FP