

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000042736 (7)

1. Corporation Name

PIRAMIDE INTERNATIONAL TRADING INC.



Principal Place of Business

422 STONEMONT DRIVE  
#211  
FORT LAUDERDALE FL 33326  
US

Mailing Address

422 STONEMONT DR  
#211  
FORT LAUDERDALE FL 33326  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/07/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0413725

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

TORPOCO, RAUL V.  
697 LAKE BLVD.  
SUITE 311  
FORT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name TORPOCO, RAYMUNDO Z.

82 Street Address (P.O. Box Number is Not Acceptable)  
697 Lake Boulevard

83 Fort Lauderdale, FL 33326

84 City Fort Lauderdale FL 85 Zip Code 33326

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]*  
Signature (Typed or printed name of registered agent or officer/director)

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME TORPOCO, RAUL V. ☒ DELETE  
STREET ADDRESS 697 LAKE BLVD.  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE TSD  
NAME SALAZAR, GONZALO R. ☐ DELETE  
STREET ADDRESS 422 STONEMONT DR.  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD  
12 NAME TORPOCO RAYMUNDO Z. ☒ Change ☐ Addition  
13 STREET ADDRESS 697 Lake Blvd.  
14 CITY-ST-ZIP Fort Lauderdale, FL 33326 ☒ Change ☐ Addition

21 TITLE VP/TSD  
22 NAME  
23 STREET ADDRESS SALAZAR GONZALO R.  
24 CITY-ST-ZIP 422 Stonemont Dr  
Fort Lauderdale FL 33326 ☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP ☐ Change ☐ Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GONZALO R. SALAZAR

TSD/VP. 4/9/96 (305) 389-5596

Date

Daytime Phone

CR2E034 (12/95)