FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED PROFIT **AMENDED**
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
Suite 211
Ft. Lauderdale, FL 33326

Mailing Address
422 Stonemont Drive
Suite 211
Ft. Lauderdale, FL 33326

2. Principal Place of Business	2a. Mailing Address
21 *1390 Brickell Avenue*	26
Suite, Apt. #, etc 22 *Suite 200*	Suite, Apt. #, etc 27
City & State 23 *Miami, Florida*	City & State 28
Zip / Country 24 *33131* / 25 *USA*	Zip / Country 29 / 30

3. Date Incorporated or Qualified: *06/07/1993*

3a. Date of Last Report: *05/01/1996*

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
Ft. Lauderdale, FL 33326

10. Name and Address of New Registered Agent

81 Name: *Alvaro Castillo B.*
82 Street Address (P.O. Box Number is Not Acceptable): *1390 Brickell Avenue*
83 *Suite 200*
84 City: *Miami,* **FL** 85 Zip Code: *33131*

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: *Alvaro* DATE: *11-14-96*

(Signature of New Registered Agent, if changed) (NOTE: Registered Agent's signature required when filing)

12. OFFICERS AND DIRECTORS

TITLE	*P/D*	☒ DELETE
NAME	*Torpoco, Raul V.*	
STREET ADDRESS	*697 Lake Blvd., Suite 311*	
CITY-ST-ZIP	*Ft. Lauderdale, FL 33326*	
TITLE	*T/S/D*	☒ DELETE
NAME	*Salazar, Gonzalo R.*	
STREET ADDRESS	*422 Stonemont Drive, Suite 211*	
CITY-ST-ZIP	*Ft. Lauderdale, FL 33326*	
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

1.1 TITLE	*P/D/T*	☒ Change ☐ Addition
1.2 NAME	*Torpoco, Raymundo*	
1.3 STREET ADDRESS	*697 Lake Blvd, Suite 311*	
1.4 CITY-ST-ZIP	*Ft. Lauderdale, FL 33326*	
2.1 TITLE	*D*	☒ Change ☐ Addition
2.2 NAME	*Torpoco, Raul V.*	
2.3 STREET ADDRESS	*697 Lake Blvd., Suite 311*	
2.4 CITY-ST-ZIP	*Ft. Lauderdale, FL 33326*	
3.1 TITLE	*S*	☐ Change ☒ Addition
3.2 NAME	*Torpoco, Daisy*	
3.3 STREET ADDRESS	*697 Lake Blvd., Suite 311*	
3.4 CITY-ST-ZIP	*Ft. Lauderdale, FL 33326*	
4.1 TITLE	000010.204541.20	☐ Change ☐ Addition
4.2 NAME	-01/03/97--01139--005	
4.3 STREET ADDRESS	*****61.25 *****61.25	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: *Raul Torpoco* *P/D* *12/97*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-96 Date *(305)371-5540* Daytime Phone #