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 28 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000045253 (0)**

1. Corporation Name
INFOTRADING IMPORT, EXPORT & WHOLESALE CORP.

Principal Place of Business	Mailing Address
8300 NW 56 ST MIAMI FL 33166	8300 NW 56 ST MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/28/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 7902 NW 36th.Street,	26 7902 NW 36th.ST.
Suite, Apt. #, etc. 22 SUITE, # 9	Suite, Apt. #, etc. 27 SUITE,# 9
City & State 23 MIAMI - FLORIDA	City & State 28 MIAMI - FLORIDA
Zip / Country 24 33166 / 25 USA	Zip / Country 29 33166 / 30 USA

4. FEI Number: **65-0425559** ☐ 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

LAW FIRM OF MANFRED ROSENOW, P.A.
2425 CORAL WAY
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name: ARTURO INFANTE
82 Street Address (P.O. Box Number is Not Acceptable): 7902 NW 36 TH ST
83: SUITE # 9
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: ARTURO INFANTE — 1-25-95.
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	PTD	11 TITLE	PTD ☒ Change ☐ Addition
NAME	INFANTE, ARTURO	12 NAME	INFANTE ARTURO
STREET ADDRESS	100 SW 83 RD. WAY #106	13 STREET ADDRESS	402 STONEMONT DRIVE
CITY-ST-ZIP	PEMBROKE PINES FL 33025	14 CITY-ST-ZIP	FT.LAUDERDALE, FLORIDA, 33325
TITLE	VSD	21 TITLE	VSD ☒ Change ☐ Addition
NAME	ROMAN, CAROLINA	22 NAME	ROMAN SONIA C.
STREET ADDRESS	100 SW 83 RD. WAY #106	23 STREET ADDRESS	402 STONEMONT DRIVE
CITY-ST-ZIP	PEMBROKE PINES FL 33025	24 CITY-ST-ZIP	FT.LAUDERDALE, FLORIDA, 33326
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 attached sheet, with an address.

SIGNATURE: 1-25-95. 305 - 4700137
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0181062 CR