FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:18

DOCUMENT # P93000054007 (8)

1. Corporation Name
ARCO TRADING CORPORATION

Principal Place of Business
2322 SW 9TH ST
MIAMI FL 33135

Mailing Address
POST OFFICE BOX 441026
MIAMI FL 33144
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1993
3a. Date of Last Report: 07/13/1994

2. Principal Place of Business
21 7234 NW 5 st.
22 Suite, Apt. #, etc. MIAMI, FL.
23 City & State
24 Zip 33126
25 Country

2a. Mailing Address
26 POST OFFICE Box 441027
27 Suite, Apt. #, etc. MIAMI, FL.
28 City & State
29 Zip 33144
30 Country

4. FEI Number: APPLIED FOR ☐ 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

DEL CONTE, CLAUDIO
7234 NW 5 STREET
MIAMI FL 33126

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CINTAS, WILLIE
STREET ADDRESS	2322 SW 9 ST
CITY-ST-ZIP	MIAMI FL 33126
TITLE	DV
NAME	DEL CONTE, CLAUDIO
STREET ADDRESS	7234 NW 5 ST
CITY-ST-ZIP	MIAMI FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	DV	☒ Change ☐ Addition
1 2 NAME	CINTAS, WILLIE	
1 3 STREET ADDRESS	2322 SW 9 ST.	
1 4 CITY-ST-ZIP	MIAMI, FL. 33126	
2 1 TITLE	DP	☒ Change ☐ Addition
2 2 NAME	DELCONTE, CLAUDIO	
2 3 STREET ADDRESS	7234 NW 5 st	
2 4 CITY-ST-ZIP	MIAMI, FL, 33126	
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
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		

14. I do 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 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

Febr. 10, 1995 (305) 261 0505
DATE / DAYTIME PHONE #

0420014 FP