

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000055470 (7)

1. Corporation Name

INTERNATIONAL TRADE & FINANCE CORPORATION



Principal Place of Business

Mailing Address

P O BOX 490986
KEY BISCAYNE FL 33149-0986

P O BOX 490986
KEY BISCAYNE FL 33149-0986

3. Date Incorporated or Qualified

08/05/1993

3a. Date of Last Report

08/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

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Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAZZANIGA, DANIEL R
240 GALEN DR #115
KEY BISCAYNE FL 33149-0986

81 Name

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

301 SUNRISE DR #5 BW

83

84 City

Key BISCAYNE

FL

85 Zip Code

33149

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE DPTS
NAME CAZZANIGA, DANIEL R
STREET ADDRESS 301 SUNRISE DR 5-BW
CITY-ST-ZIP KEY BISCAYNE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE V
12 NAME JENNIFER CAZZANIGA
13 STREET ADDRESS 301 SUNRISE DR 5-BW
14 CITY-ST-ZIP KEY BISCAYNE FL 33149

☐ Change ☒ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-96

305-361-8608

CR2E034 (3/96)