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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:33

DOCUMENT # P93000061102 (8)

1. Corporation Name
MAXITRADE, INC.

Principal Place of Business	Mailing Address
~~9511 FONTAINEBLEAU BLVD~~ ~~APT 206~~ MIAMI FL 33172 US	~~9511 FONTAINEBLEAU BLVD~~ ~~APT 206~~ MIAMI FL 33172 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1993
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0436485 — 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

2. Principal Place of Business	2a. Mailing Address
21 ✓175 Fontainebleau Blvd	26 175 Fontainebleau Blvd
Suite, Apt. #, etc. 22 ✓ 2K-1	Suite, Apt. #, etc. 27 ✓ 2K-1
City & State 23 Miami FL	City & State 28 Miami FL
Zip 24 33172 — Country 25 USA	Zip 29 33172 — Country 30 USA

9. Name and Address of Current Registered Agent

COLLA, FABRICIO
9511 FONTAINEBLEAU BLVD.
BLDG. 4, APT. 206
MIAMI FL 33172

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	PSD
NAME	COLLA, FABRICIO A
STREET ADDRESS	9511 FONTAINEBLEAU BLVD, BLDG 4, APT 206
CITY-ST-ZIP	MIAMI FL 33172
TITLE	VTD
NAME	COLLA, CASSIANO R
STREET ADDRESS	RUA ANDRE DE BARROS #471
CITY-ST-ZIP	CURITABA, PARANA 1, BRAZIL
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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 the 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: ✓ FABRICIO COLLA — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FABRICIO A. COLLA

✓ 01/12/95 ✓ (305) 223-0[illegible] — Date — Daytime Phone #

0166602 CP