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 AMENDED

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

DOCUMENT # P93000077540 (1)

1. Corporation Name
UCZ TRADING CORPORATION

Principal Place of Business
9500 N.W. 77 Avenue
Miami, Fl. 33016

Mailing Address
9500 N.W. 77 Avenue
Miami, Fl. 33016

3. Date Incorporated or Qualified: 11/09/1993
3a. Date of Last Report: 4/23/96

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 65-0447533 — 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
ZAMORA, Urbano
9500 N.W. 77 Avenue
Miami, Fl. 33016

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
Signature type in the name of the registered agent and title, if applicable — (NOTE: Registered Agent signature required after resigning) — DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZAMORA, URBANO
STREET ADDRESS	9500 N.W. 77 Avenue
CITY-ST-ZIP	Miami, Fl. 33016
TITLE	D
NAME	SEREIX, Luis
STREET ADDRESS	9500 N.W. 77 Avenue
CITY-ST-ZIP	Miami, Fl. 33016
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	

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/VP/S
1.2 NAME	ZAMORA, Urbano
1.3 STREET ADDRESS	9500 N.W. 77 Avenue
1.4 CITY-ST-ZIP	Miami, Fl. 33016
2.1 TITLE	D/P/T
2.2 NAME	SEREIX, Luis
2.3 STREET ADDRESS	9500 N.W. 77 Avenue
2.4 CITY-ST-ZIP	Miami, Fl. 33016
3.1 TITLE	D/VP
3.2 NAME	GARCIA, Jose
3.3 STREET ADDRESS	9500 N.W. 77 Avenue
3.4 CITY-ST-ZIP	Miami, Fl. 33016
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

☒ Change ☐ Addition

600001898576
-07/18/96--01059--028
***61.25

CR2E034 (3/96)

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

SIGNATURE: Pres. 7/15/96 (305) 822-5781 7/17/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #