

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

1997 OCT 17 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 95-1997	FLORIDA DEPARTMENT OF STATE Sandra P. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 9930000080216

1. Corporation Name

GET INTERNATIONAL TRADERS

1997-12639

Principal Place of Business

Mailing Address

8518 NW 66 St.

Miami - FL 33166

2. Date Incorporated or Qualified	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. P.O. Number	Apply For
21 Suite, Apt. #, etc.	21 Suite, Apt. #, etc.	65-0449682	Not Applicable
22 City & State	22 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	23 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	24 Country	8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes	Yes ☐ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Karla Santos.
9924 NW 31 St.
MIAMI - FL 33172

01 Name	02 Street Address (P.O. Box Number)	03 City	04 Zip Code
	600002325386	18/21/97	01838-883
		***1088.75	***1088.75
		FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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 607.0506, Florida Statutes.

SIGNATURE

Karla Santos

10/18/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	
NAME	GERALDA FARIAS	1.2 NAME	
STREET ADDRESS	8013 LAKE DRIVE #104	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI - FL 33166	1.4 CITY-STATE-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

REINSTATEMENT

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(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; 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.

Geralda Farias
GERALDA FARIAS

4/30/97

x sorry, we lost the original