

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
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 JUN 16 11:14

DOCUMENT # P93000085036 (0)

1. Corporation Name

NICARAGUA AND FLORIDA TRADING ALLIANCE (NAFTA),
INC.

Principal Place of Business

3734 131ST AVE N
SUITE 10
CLEARWATER FL 34622

Mailing Address

3734 131ST AVE N
SUITE 10
CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1993

3a. Date of Last Report

06/23/1994

2. Principal Place of Business

21 Suite, Apt. #, etc

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

28 City & State

29 Zip

30 Country

4. FEI Number

59-3217388

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 is liable for intangible tax under 5-100-000,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARTMAN, JEREMIAH P
3734 131ST AVE., N.
SUITE 10
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name

HARTMAN, JEREMIAH P.

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

747 75TH AVE N

83

84 City

ST. PETERSBURG

85 FL

86 Zip Code

33702

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 based on printed name of registered agent and that of applicant

NOTE: Registered Agent signature required when instituting

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

DPT
HARTMAN, JEREMIAH P
747 75TH AVE N
ST PETERSBURG FL 33702

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

DS
MAYORGA, JULIO E
10540 77TH TER N
SEMINOLE FL 34642

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

D
OLSA, MICHAEL R.
1842 PRINCETON DR.
CLEARWATER FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

V
CONRAD, RONALD
111 LAKE AVE.
LARGO FL

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registered agent 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeremiah Hartman

6-12-95

(913)

573-5738

CR2E034 (3/95)