FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000020233 (0)

DOCUMENT #
1. Corporation Name

HRR	INTERNATIONAL	TRADING	COMPANY

Principal Place of Business Mailing Address					.,				
1968 BAYSHORE BLVD DUNEDIN FL 34698		1968 BAYSHORE BLVD DUNEDIN FL 34698							
						3. Date Incorporated or Qualified 03/10/1994	3a. Date 04	of Last Re 1/24/199	
2. Principal Place of Busin	ness	2a. Mailing Address				4. FEI Number		A	Applied For
1		26				59-3240477			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for i		k under s	199.032,
4	25	29	30				□ No		
9. Nam	e and Address of Curre	nt Registered Agent				10. Name and Address of New R	egistered /	lgent	
				81	Name				
RAYBURN, LAUR 1968 BAYSHORE				82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
DUNEDIN FL 346				83					
				84	City			85 Zir	o Code
					•	ation submits this statement for the pur	FL		
SIGNATURESignature. type	d or printed name of registered ager OFFICERS AN	nt and title if applicable. (f	NOTE Registere	Ager	nt signature required	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	
IIILE D	OFFICENS AI	DELETE	1.1	OTLE				Change	Addition
	H, OLEG F	_	1.2 M	AME					
	BAYSHORE BLVD		135	TREET	ADDRESS				
	DIN FL 34698		140	aty- s	ST-ZIP				
TITLE		☐ DELETE	2 1	TITLE				Change	Addition
NAME			221	AME					
STREET ADDRESS			235	TREFT	I ADDRESS				
CHY-ST-ZIP		FIREE			ST-ZIP	-		Change	Addition
THLE		☐ DELETE		TITLE			Ļ	_ onango	L., Nacinon
NAME				IAME etocc	T ADDRESS				
STREET ADDRESS					ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETÉ		TITLE	31-17/			Change	☐ Addition
NAME		_	4.21	IAME					
STREET ADDRESS			4.3 5	TREE	T ADDRESS				
CITY-ST-ZIP			4.4 (HTY - !	ST-ZIP				
TITLE		☐ DELETE	5. 1	TITLE			[Change	☐ Addition
NAME				AME					
STHEET ADDRESS					T ADDRESS				
CITY-ST-ZIP		F3 DELETE			ST-ZIP		r	Chan(le	Addition
TITLE		☐ DELETE		TITLE			L		L 700000
NAME				NAME	I .				
STREET ADDRESS	-				T ADDRESS				
CITY-ST-ZIP		with this time is unjuntarily to	woished and	JH1 -	ST-ZIP	for the exemption stated in Section 119	.07(3)(k). Eld	rida Statu	tes I further

certify that the information indicated on this angual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the opporation of the deceiver 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 changes, or on an attachment with an address.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

.....

4/21/96 (8/3)733-2