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

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

DOCUMENT # **P94000027443 (8)**

1. Corporation Name

EXCEL ATLANTIC TRADING, INC.

Principal Place of Business	Mailing Address
[illegible]	[illegible]

3. Date Incorporated or Qualified: 04/11/1994	3a. Date of Last Report: 05/01/1995
2. Principal Place of Business: 21 430 NW 127TH AVENUE	2a. Mailing Address: 26 430 NW 127TH AVENUE
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 MIAMI, FLORIDA	City & State: 28 MIAMI, FLORIDA
Zip: 24 33182 Country: 25 U.S.A.	Zip: 29 33182 Country: 30 U.S.A.
4. FEI Number: 65-0480426	☐ 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

[illegible]

10. Name and Address of New Registered Agent

81 Name: BARREIRINHAS, AGOSTINHO
82 Street Address (P.O. Box Number is Not Acceptable): 430 NW 127TH AVENUE
83
84 City: MIAMI FL 85 Zip Code: 33182

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] BARREIRINHAS, AGOSTINHO 06/11/96
Signature, type/print name of registered agent, and title, if applicable (NOTE: Registered agent signature required when restated) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD / [illegible] / [illegible] / [illegible]	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD / BARREIRINHAS, AGOSTINHO / 430 NW 127TH AVENUE / MIAMI, FL 33182	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD / [illegible] / [illegible] / [illegible]	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VD / BARREIRINHAS, YOSHIE S / 430 NW 127TH AVENUE / MIAMI, FL 33182	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD / [illegible] / [illegible] / [illegible]	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SD / BARREIRINHAS, AGDA S / 430 NW 127TH AVENUE / MIAMI, FL 33182	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD / [illegible] / [illegible] / [illegible]	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	TD / BARREIRINHAS, ROBINSON S / 430 NW 127TH AVENUE / MIAMI, FL 33182	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	VD / BARREIRINHAS, LUCIEN S / 430 NW 127TH AVENUE / MIAMI, FL 33182	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE: [signature] BARREIRINHAS, AGOSTINHO 305/554-8223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #