FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 MAY -1 AM 8:59

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000038838 (6)

1. Corporation Name
ETG INC.

Principal Place of Business	Mailing Address
12555 BISCAYNE BLVD SUITE 765 NO MIAMI FL 33181	12555 BISCAYNE BLVD SUITE 765 NO MIAMI FL 33181

3. Date Incorporated or Qualified: 05/19/1994
3a. Date of Last Report: N/A.
4. FEI Number: 65-0505372 — Applied For / Not Applicable

	2. Principal Place of Business		2a. Mailing Address
21	12555 BISCAYNE BLD.	26	12555 BISCAYNE BLVD
22	Suite, Apt. #, etc.: SUITE 757	27	Suite, Apt. #, etc.: SUITE 757
23	City & State: N. MIAMI - FL.	28	City & State: N. MIAMI - FL
24	Zip: 33181	29	Zip: 33181
25	Country: USA.	30	Country: USA

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	10. Name and Address of New Registered Agent
CHACON, JOSE F 12555 BISCAYNE BLVD SUITE 765 NO MIAMI FL 33181	81 Name: CHACON, JOSE F. 82 Street Address (P.O. Box Number is Not Acceptable): 12555 BISCAYNE BLVD, STE 757 83 84 City: N. MIAMI FL 85 Zip Code: 33181

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR	11 TITLE	☐ Change ☐ Addition
NAME	Jose F Chacon	12 NAME	
STREET ADDRESS	12555 BISCAYNE BLVD SUITE 757	13 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL. 33181	14 CITY-ST-ZIP	
TITLE	DANI SAUGOY - DIRECTOR	21 TITLE	☐ Change ☐ Addition
NAME	DANI SAUGOI	22 NAME	
STREET ADDRESS	12555 BISCAYNE BLVD. SUITE 757	23 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI, FL. 33181	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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.

RECEIVED MAY 1

SIGNATURE: ______________________ 4-11-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSE F. CHACON - DIRECTOR

0190308 CP