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 JAN 19 PM 12:59

DOCUMENT # **P94000040366 (4)**

1. Corporation Name
TRADECOM CORP.

Principal Place of Business	Mailing Address
7855 N.W. 12 STREET MIAMI FL 33126	7855 N.W. 12 STREET MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
05/27/1994	

2. Principal Place of Business	2a. Mailing Address
21 7855 N.W. 12 STREET	26
Suite, Apt. #, etc. 22 SUITE 106	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FL	City & State 28
Zip / Country 24 33126 / 25 USA	Zip / Country 29 / 30

4. FEI Number: 65-0497409 ☐ 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	10. Name and Address of New Registered Agent
BLUM, SAMUEL S 2665 S. BAYSHORE DRIVE SUITE 406 COCONUT GROVE FL 33133	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail-in filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CANAL, ARMANDO J	1.2 NAME	
STREET ADDRESS	4090 HARDIE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CANAL, ARMANDO	2.2 NAME	
STREET ADDRESS	600 N. MASHTA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CANAL, JOHN C	3.2 NAME	
STREET ADDRESS	600 N. MASHTA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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; 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.

SIGNATURE: Armando J. Canal 1/11/94 (305) 593-5259
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Telephone Number

0123360 CP