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

APPROVED AND FILED
95 MAR 30 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000041550 (2)**

1. Corporation Name
ALL TRADING INT'L. INC.

Principal Place of Business	Mailing Address
~~141 N.E. 3RD AVE.~~ ~~SUITE 207~~ ~~MIAMI FL 33132~~	~~141 N.E. 3RD AVE.~~ ~~SUITE 207~~ ~~MIAMI FL 33132~~

3. Date Incorporated or Qualified: 06/03/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 141 NE 3rd Ave	26 141 NE 3rd Ave S/208
22 Suite, Apt. #, etc.	27 Miami Fl.
23 Miami Fl.	28 City & State
24 Zip 33132	29 Zip 33132
25 Country Dade	30 Country Dade

4. FEI Number: 65-0495019 ☐ 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
~~GOMES, LUIS G~~ Roberto R. Cruz ~~8363 LAKE DRIVE, SUITE H 502~~ ~~MIAMI FL 33166~~	81 Name: Roberto R. Cruz 82 Street Address (P.O. Box Number is Not Acceptable): 8363 Lake Dr. Ste 502 83 84 City: Miami FL 85 Zip Code: 33166.

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 of new registered agent, if appointed) (NOTE: Registered Agent signature required when necessary.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	President	☐ Change ☐ Addition
NAME	~~GOMES, LUIZ G~~	12 NAME	Roberto R. Cruz	
STREET ADDRESS	~~141 N.E. 3RD AVE., SUITE 207~~	13 STREET ADDRESS	8363 Lake Dr. Suite 502	M. R. 33166-7734
CITY ST ZIP	~~MIAMI FL 33132~~	14 CITY ST ZIP		
TITLE	~~VSD~~	21 TITLE		☐ Change ☐ Addition
NAME	~~CRUZ, ROBERTO R~~	22 NAME		
STREET ADDRESS	~~141 N.E. 3RD AVE., SUITE 207~~	23 STREET ADDRESS		
CITY ST ZIP	~~MIAMI FL 33132~~	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/We 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0133033 CP