

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 4:29

DOCUMENT # **P94000047803 (9)**

1. Corporation Name

EVOLUTION CONSULTING AND TRADE INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**3138 COMMODORE PLAZA
#7
MIAMI FL 33133**

Mailing Address

**3138 COMMODORE PLAZA
#7
MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1994

3a. Date of Last Report

4. FEI Number

65-0507714

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. The corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**FORSSELL, JOAO C
3138 COMMODORE PLAZA
#7
MIAMI FL 33133**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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 registered agent or principal officer of corporation and the registered agent

Signature of registered agent or principal officer of corporation and the registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FORSSELL, JOAO C
STREET ADDRESS	258 POINCIANA ISLAND DR.
CITY ST ZIP	MIAMI FL 33160
TITLE	D
NAME	FORSSELL, CILENE C
STREET ADDRESS	258 POINCIANA ISLAND DR.
CITY ST ZIP	MIAMI FL 33160
TITLE	D
NAME	STORTINI, CARMEN L
STREET ADDRESS	258 POINCIANA ISLAND DR.
CITY ST ZIP	MIAMI FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	258 POINCIANA ISLAND DR.
14 CITY ST ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	258 POINCIANA ISLAND DR.
24 CITY ST ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	258 POINCIANA ISLAND DR.
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(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 the 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAO C. FORSSELL 4/12/95 (305) 461-2266
DIRECTOR