

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000047803 (9)

1. Corporation Name

EVOLUTION CONSULTING AND TRADE INC.



Principal Place of Business

3138 COMMODORE PLAZA  
#7  
MIAMI FL 33133

Mailing Address

3138 COMMODORE PLAZA  
#7  
MIAMI FL 33133

3. Date Incorporated or Qualified  
06/27/1994

3a. Date of Last Report  
04/18/1995

2. Principal Place of Business  
21 13899 BISCAYNE BLVD  
Suite, Apt. #, etc. 209

2a. Mailing Address  
26 13899 BISCAYNE BLVD.  
Suite, Apt. #, etc. 209

4. FEI Number  
65-0507714

Applied For  
Not Applicable

22 City & State  
MIAMI-FL

27 City & State  
MIAMI-FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip 33181 Country

28 Zip 33181 Country

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

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

81 Name - SAME  
82 Street Address (P.O. Box Number is Not Acceptable)  
13899 BISCAYNE BLVD #209  
83  
84 City MIAMI FL 85 Zip Code 33181

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/17/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME FORSSELL, JOAO C  
STREET ADDRESS 258 POINCIANA ISLAND DR  
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 12850 CYPRUS RD  
1.4 CITY-ST-ZIP No. MIAMI - FL - 33181

TITLE D ☐ DELETE  
NAME FORSSELL, CILENE C  
STREET ADDRESS 258 POINCIANA ISLAND DR  
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 12850 CYPRUS RD.  
2.4 CITY-ST-ZIP No. MIAMI - FL - 33181

TITLE D ☐ DELETE  
NAME STORTINI, CARMEN L  
STREET ADDRESS 258 POINCIANA ISLAND DR  
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 12850 CYPRUS RD.  
3.4 CITY-ST-ZIP No. MIAMI, FL. 33181

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAO C. FORSSELL 4/17/96 (305) 892-0330

Date

Daytime Phone #

CR2E034 (12/95)