PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P94000051226 (6)

1. Corporation Name
FIRST IN TRADE USA INC.

rinoi	IN THADE USA, INC.										
Principal Place	of Business	Mailing Add	iress				- 1 1001/1001 178 10/// 818// 00/// 81	III BANI BEIBI		O HIERO HOLD O	
8204 CRYSTAL CLEAR LN. 8204 CRYSTAL CLI #1600 #1600 ORLANDO FL 32809 ORLANDO FL 3280				LN.							
							3. Date incorporated or Qualified 07/07/1994	3a. Date		t Report /1995	
<del></del>	ace of Business	2a. Mailing A	Address	-			4. FEI Number			Applied F	For
21 Suite Ant	# oto	26					59-3254768			Not Appl	
Suite, Apt. e		27	pt. #, etc.				5. Certificate of Status Desired			75 Additio	
City & State	!	City & Si	tate				6. Election Campaign Financing			.00 May E	
<i>Z</i> (p)	Country	<b>28</b> Zip	Т	Country	,		Trust Fund Contribution  8. This corporation has liability for			ded to Fee:	
24	25	29	3	30				iritangibie ia ∐No	ox unide	3 199,032	٤,
	9, Name and Address of Cur	<del></del>					10. Name and Address of New F		Agent		
				81	١	Name					
CIGAGI	NA, MARCOS P			82	١,	Street Addre	ss (P.O. Box Number is Not Acceptat	viet			
	Y LAKE CIR. APT. D				Ĺ	Silver Madre		,,,,,			
ORLAN	DO FL 32809			83							
				84	1	Dity			85	Zip Code	· · · · · · · · · · · · · · · · · · ·
44 5					L			<u> </u>	1 1	•	
or registere familiar wit SIGNATURE _	ed agent, or both, in the State of H h, and accept the obligations of, S	Borida. Such change v Section 607.0505, Flor	was authorized I	by the corp	ora	ation's board	tion submits this statement for the pui of directors. I hereby accept the app	ointment as	registei	s registered ed agent. I	am am
	Signature, typed or printed name of registered a		(NOTE: I		nt sig	yvature required s		DATE			
12. TITLE	P	AND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFF		DIREC Chang		
NAME	CIGAGNA, MARCOS R			1.2 NAME				L	_ Linang	le ∐ Add	UIEION
STREET ADDRESS	8204 CRYSTAL LAKE #1	600		1.3 STREET	r ani	npece					
CITY - S1 - ZIP	ORLANDO FL 32809	•••		1.4 City - S							
TITLE	S DELETE			2.1 TITLE					7 Chang	e [ ] Add	dition
NAME	CIGAGNA, MARCOS P		2.2 NAME				-	- '			
STREET ADDRESS	856-D SKY LAKE CIR.			2 3 STREET	AD!	DRESS					
CITY-ST-ZIP	ORLANDO FL 32809			2.4 CiTY - S	ST-Z	(P					
181E			DELETE	3. 1 TITLE					Chang	e 🔲 Add	dition
NAME				3.2 NAME		-					
STREET ADDRESS				3.3 STREE	T AD	ORESS					
CITY-ST-ZIP				3.4 CITY - S	3T - Z	IP					
TITLE			DELETE	4. 1 TITLE					Chang	e 🔲 Ado	dition
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CITY - S1 - ZIP			DEL ETC	4.4 CITY - S	ST-2	IP		<del>.</del>			
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NAME				52 NAME							
SYREET ADDRESS				53 STREET							
CITY-ST-ZIP			DELETE	5.4 CITY-S	1-Z	IP		•	7.0		ear.
TITLE		Ц	DELETE	6 1 TITLE				L	] Chang	e 🔲 Add	oition
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREET	ADI	ORESS 1					

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 13 (sphanged, or on an attachment with an address.

SIGNATURE: X

MAKOS B. CIGAGNA
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/24/96

X(409) 858-9,91

(06/21) #00371