SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 26 AM 9:14

DOCUMENT # P94000058854 (8)

1. Corporation Name

COMTRADE OF PONTE VEDRA, INC.

Principal Place of Business: 168 PATRICK MILL CIR, PONTE VEDRA BEACH FL 32082

Mailing Address: 168 PATRICK MILL CIR, PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1994
3a. Date of Last Report:

2. Principal Place of Business — 21 / Suite, Apt #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 59-3258317 — 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

BARTLETT, BARON L
615 HWY A1A
SUITE 101
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent

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 ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	AZZALIN, GIORGIO
STREET ADDRESS	168 PATRICK MILL CIR
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	~~O (SECRETARY-TRES.)~~ accid.
NAME	~~ERNESTO G. FINCATO~~ ERROR
STREET ADDRESS	~~168 PATRICK MILL CIR~~
CITY-ST-ZIP	~~PONTE VEDRA BEACH FLA 32082~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	O	☐ Change ☒ Addition
NAME	FINCATO, ERNESTO G.	
STREET ADDRESS	168 Patrick Mill Cir	
CITY-ST-ZIP	Ponte Vedra Beach FL 32082	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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] 6-19-95 (904) 285-9655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

ERNESTO G. FINCATO

CR2E034 (3/95) 0123170 FP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $325 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **P94000059037 (9)**

1. Corporation Name

FERPA ENVIOS, CORPORATION

Principal Place of Business	Mailing Address
9708 S.W. 40TH STREET MIAMI FL 33165	9708 S.W. 40TH STREET MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1994
3a. Date of Last Report:

2. Principal Place of Business
21 12914 SW 133 ct
Suite, Apt. #, etc.
22 Suit A 1st Floor
City & State
23 Miami - FLA
Zip
24 33186
County
25 dade

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

4. FEI Number: 65-0511475 ☐ Applied For ☐ Not Applicable

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

6. [illegible] ☐ **$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
MEDINA, RAFAEL 9708 S.W. 40TH STREET MIAMI FL 33165	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 [illegible] (Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS	13. [illegible]
TITLE PD NAME MEDINA, RAFAEL STREET ADDRESS 9708 S.W. 40TH ST. CITY-ST-ZIP MIAMI FL 33165	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 added on an attachment with an address.

SIGNATURE: [illegible] 8/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (3/95)

0055490 CP