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 # **P94000058925 (6)**

1. Corporation Name

MURCIA TRADING CORPORATION

Principal Place of Business
10852 N. KENDALL DR.
#110
MIAMI FL 33176

Mailing Address
10852 N. KENDALL DR.
#110
MIAMI FL 33176

3. Date Incorporated or Qualified: 08/10/1994
3a. Date of Last Report: 08/08/1995

2. Principal Place of Business
21 10240 S.W. 56 ST.
Suite, Apt. # etc. 22 114-A.
City & State 23 Miami, Florida.
Zip 24 33165 Country 25 U.S.A

2a. Mailing Address
26 10240 S.W 56 ST.
Suite, Apt. # etc. 27 114-A.
City & State 28 Miami, Florida.
Zip 29 33165 Country 30 USA.

4. FEI Number: 65-0519424 — 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

MARI, MANUEL J ESQ.
250 BIRD RD.
SUITE 102
MIAMI FL 33146

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: _____ Signature typed or printed name of Registered Agent in the application — NOTE: Registered Agent Signature required when not filing — Date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	VIVANCO, GINES G	
STREET ADDRESS	10852 N. KENDALL DR., #110	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VD	☐ DELETE
NAME	GIL, RODOLFO	
STREET ADDRESS	10852 N. KENDALL DR., #110	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	STD	☐ DELETE
NAME	EGUILUZ, CARLOS G	
STREET ADDRESS	10852 N. KENDALL DR., #110	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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: _____ 4/22/96 (305) 270-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Rodolfo M. Gil Vice-President.

CR2E034 (12/95)