FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 MAY -1 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061852

1. Corporation Name
INTRACO, USA INC.

Principal Place of Business	Mailing Address
1880 NE 163 STREET, SUITE 102 N. MIAMI BEACH, FL 33162	1880 NE 163 ST, SUITE 102 N. MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) 33162 / Country (25)	Zip (29) 33162 / Country (30) USA

3. Date Incorporated or Qualified: 8/22/94
3a. Date of Last Report: NONE
4. FEI Number: 65-0553147 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GINA NG 1880 NE 163 STREET, SUITE 102 N. MIAMI BEACH, FL 33162	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, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP: DIR/PRES GINA NG 1880 NE 163 ST, #102, N.M.BCH FL 33162 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP: DIR/VIC PRES. KEIRON NG 1880 NE 163 ST, #102, N.M.BCH, FL 33162 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP: DIR/TREAS. KEITH NG 1880 NE 163 ST, SUITE 102 N.M. BCH, FL 33162 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP: DIR/SEC KENNETH NG 1880 NE 163 ST, SUITE 102 N.M. BCH, FL 33162 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP: ☐ Change ☐ Addition 400001492444 -05/17/95--01178--017
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP: ☐ Change ☐ Addition ****200.00 ****200.00 JEB 5-1-95

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)(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: Gina Ng President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #