

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$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

95 JUL 28 PM 1:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000064965 (4)

1. Corporation Name

SEA TRADES INTERNATIONAL, INC.

Principal Place of Business

1323 SE 17TH ST.
SUITE 112
FT. LAUDERDALE FL 33316

Mailing Address

1323 SE 17TH ST.
SUITE 112
FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/02/1994

3a. Date of Last Report

NA

4. FEI Number

65-0524969

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. The fee for changing the name of the corporation is:

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. Suite, Apt. #, etc

23. City & State

24. Zip

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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 and title if applicable)

(Signature, typed or printed name of registered agent and title if applicable)

(Date)

12. OFFICERS AND DIRECTORS

TITLE: DP
NAME: REILLY, JOSEPH M
STREET ADDRESS: C/O 1323 SE 17TH ST., SUITE 112
CITY, ST, ZIP: FT. LAUDERDALE FL 33316

TITLE: DST
NAME: REILLY, ANN C
STREET ADDRESS: C/O 1323 SE 17TH ST., SUITE 112
CITY, ST, ZIP: FT. LAUDERDALE FL 33316

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. AGENT FOR SERVICE OF PROCESS

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

2. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

3. TITLE ☐ Change ☐ Addition
3. NAME
4. STREET ADDRESS
5. CITY, ST, ZIP

4. TITLE ☐ Change ☐ Addition
4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP

6. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. 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 199.07(3)(b), 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: *Joseph M. Reilly* Joseph M. Reilly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 23, 1995 (305) 850 6155
Date Signature

CR2E034 (3/95)