

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:36

DOCUMENT # P94000065222 (9)

1. Corporation Name

MASTER TRADE CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13235 SW 53RD STREET
MIAMI FL 33175

13235 SW 53RD STREET
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/06/1994
3a. Date of Last Report N/A

4. FEI Number 65-0518421
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

2. Principal Place of Business

21 13235 SW 53rd Street

2a. Mailing Address

26 P.O. BOX 652926

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami, Florida

City & State

28 Miami, Florida 33265-2926

ZIP

24 33175

Country

25 DADE

ZIP

29 33265-2926

Country

30 DADE

9. Name and Address of Current Registered Agent

RODRIGUEZ, ANA J
13235 SW 53RD STREET
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name RODRIGUEZ, ANA
82 Street Address (P.O. Box Number is Not Acceptable) 13235 S.W. 53rd Street
83
84 City Miami FL 85 Zip Code 33175

11. Pursuant to the provisions of Sections 607.0002 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 of typed or printed name of registered agent and title of corporation

(NOTE: Registered Agent signature required when reinstating)

4/27/1995

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME ANA J RODRIGUEZ
STREET ADDRESS 13235 S.W. 53 STREET
CITY, ST, ZIP MIAMI, FLORIDA 33175

TITLE VICE-PRESIDENT
NAME RAUL CARMENATE
STREET ADDRESS P.O. BOX 65-2926
CITY, ST, ZIP MIAMI, FLORIDA 33265-2926

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRESIDENT/REGISTERED AGENT ☐ Change ☐ Addition
12 NAME ANA J RODRIGUEZ
13 STREET ADDRESS 13235 S.W. 53 STREET
14 CITY, ST, ZIP MIAMI, FLORIDA 33175

21 TITLE VICE-PRESIDENT ☐ Change ☒ Addition
22 NAME RAUL CARMENATE
23 STREET ADDRESS P.O. BOX 65-2926 N/A
24 CITY, ST, ZIP MIAMI, FLORIDA 33265-2926

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(4)(b), Florida Statutes. I further certify that the information included in 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 AND TYPED OR PRINTED NAME OF SIGNER OF CERTIFICATION

4/27/95

305-223-7561