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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:51

DOCUMENT # **P94000067423 (1)**

1. Corporation Name
INDO-AMERICAN IMEX TRADERS CORPORATION

Principal Place of Business	Mailing Address
C/O HYMAN & KAPLAN, P.A. 44 W FLAGLER ST 14TH FLOOR MIAMI FL 33130	C/O HYMAN & KAPLAN, P.A. 44 W FLAGLER ST 14TH FLOOR MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 c/ BLOOM + ASSOCIATES	26 c/o BLOOM + ASSOCIATES
Suite, Apt. #, etc. 22 13899 BISCAYNE BLVD SUITE 105	Suite, Apt. #, etc. 27 13899 BISCAYNE BLVD. SUITE 105
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33181 Country 25	Zip 29 33181 Country 30

4. FEI Number: 65-0521192 ☐ 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	10. Name and Address of New Registered Agent
GANGUZZA, JOSEPH H 44 W FLAGLER ST 14TH FLOOR MIAMI FL 33130	81 Name: STUART L. BLOOM c/o BLOOM + ASSOCIATES 82 Street Address (P.O. Box Number is Not Acceptable): 13899 BISCAYNE BLVD STE. 105 83 84 City: MIAMI FL 85 Zip Code: 33181

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: Stuart L Bloom — Stuart L. Bloom — 3/30/95
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	DP	11 TITLE	☐ Change ☐ Addition
NAME	VAN DRIEBERGE, CAREL W	12 NAME	
STREET ADDRESS	VERLENGDE ANTON DRACHTEN WEG 37	13 STREET ADDRESS	
CITY-ST-ZIP	LEONSBERG SURINAME	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	FOO, GODFREY R	22 NAME	
STREET ADDRESS	775 NE 174TH ST	23 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	24 CITY-ST-ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	FOO, CHRISTINA W	32 NAME	
STREET ADDRESS	775 NE 174TH ST	33 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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: Godfrey R. Foo — GODFREY R. FOO — 3/30/95 — 305-920-1084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01L24748 CP