FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000069655 (6)**

1. Corporate Name

FATHER & SONS INTERNATIONAL TRADING, INC.

Principal Place of Business	Mailing Address
15215 LIVINGSTON AVENUE #123 LUTZ FL 33549	15215 LIVINGSTON AVENUE #123 LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1994
3a. Date of Last Report: [illegible]

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 17253
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: TAMPA FL
24 Zip / 25 Country	29 Zip: 33682-7253 / 30 Country: USA

4. FEI Number: 59-3269641 — ☐ 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

SHAER, JIHAD M
15215 LIVINGSTON AVENUE #123
LUTZ FL 33549

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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	VICE PRESIDENT + DIRECTOR ☐ Change ☑ Addition
NAME	SHAER, JIHAD M	12 NAME	
STREET ADDRESS	15215 LIVINGSTON AVENUE #123	13 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	PRESIDENT + DIRECTOR ☐ Change ☑ Addition
NAME	SHAER, MAHMOUD S	22 NAME	
STREET ADDRESS	15215 LIVINGSTON AVENUE #123	23 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SHAER, BASSAM R	32 NAME	
STREET ADDRESS	13409 PLACE CIRCLE #140	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	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: Jihad M. Shaer — 4/29/95 — (813)971-7719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0285132 CP