

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000070168 (7)**

1. Corporation Name

**HARMONY TRADE CORPORATION**

Principal Place of Business

6092E WINDHOVER DR  
ORLANDO FL 32819

Mailing Address

6092E WINDHOVER DR  
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/23/1994** 3a. Date of Last Report

4. FEI Number **59-3269588** 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  Suite, Apt. #, etc.

2a. Mailing Address

26  Suite, Apt. #, etc.

22  City & State

27  City & State

23  Zip  Country

28  Zip  Country

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25

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9. Name and Address of Current Registered Agent

**FRANZOTTI, AQUILES  
6092E WINDHOVER DR  
ORLANDO FL 32819**

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

(NOTE: Registered Agent signature required when revoting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CLEMENTE, RIVALDO R
STREET ADDRESS	6275 WHISPERING WAY
CITY - ST - ZIP	ORLANDO FL 32807
TITLE	DV
NAME	CALEGARI, JOAO
STREET ADDRESS	2034 GAMBOGE DR
CITY - ST - ZIP	ORLANDO FL 32822
TITLE	DST
NAME	FRANZOTTI, AQUILES
STREET ADDRESS	6092E WINDHOVER DR
CITY - ST - ZIP	ORLANDO FL 32819
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information applied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Aquiles Franzotti*

*Rivaldo Clemente*

*407-363-3966*