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Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000070168 (7)

1. Corporation Name

HARMONY TRADE CORPORATION

Principal Place of Business

6060 WINDHOVER LANE  
A  
ORLANDO FL 32819  
US

Mailing Address

6060 WINDHOVER LANE  
A  
ORLANDO FL 32819-7569  
US



3. Date Incorporated or Qualified

09/23/1994

3a. Date of Last Report

04/15/1996

2. Principal Place of Business

21 1904 SILVERLEAF LANE

Suite, Apt. #, etc.

22 201

City & State

23 ORLANDO Florida

Zip

24 32822

Country

25 ORANGE

2a. Mailing Address

26 1904 SILVERLEAF LANE

Suite, Apt. #, etc.

27 201

City & State

28 ORLANDO Florida

Zip

29 32822

Country

30 ORANGE

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

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

1904 SILVERLEAF LANE

84 City

ORLANDO

FL

85 Zip Code

32822

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
CLEMENTE, RIVALDO R  
STREET ADDRESS 6275 WHISPERING WAY  
CITY - ST - ZIP ORLANDO FL 32807

TITLE ☐ DELETE

NAME DV  
CALEGARI, JOAO  
STREET ADDRESS 2034 GAMBOGE DR  
CITY - ST - ZIP ORLANDO FL 32822

TITLE ☐ DELETE

NAME DST  
FRANZOTTI, AQUILES  
STREET ADDRESS 6092E WINDHOVER DR  
CITY - ST - ZIP ORLANDO FL 32819

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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: \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0093120

CR2E034 (9/96)