SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 AUG -7 AM 11: 07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000072882 (1)

1. Corporation Name
ADAM TRADING, INC.

Principal Place of Business
1145 FAIRLAKE TRACE, APT. 1811
FORT LAUDERDALE FL 33326

Mailing Address
1145 FAIRLAKE TRACE, APT. 1811
FORT LAUDERDALE FL 33326

3. Date Incorporated or Qualified: 09/30/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1145 Fairlake trace # 1811	26 1304 Sw 160th Av
22 Suite, Apt #, etc: # 1811	27 Suite, Apt #, etc: # 233-A
23 City & State: Fort Lauderdale FL	28 City & State: Fort Lauderdale FL
24 Zip: 33326 / 25 Country:	29 Zip: FL 33326 / 30 Country:

4. FEI Number: 65-0531955 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. [illegible] ☐ $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

KASSAB, AMNON
1145 FAIRLAKE TRACE, APT. 1811
FORT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

	12.
TITLE	D
NAME	KASSAB, AMNON
STREET ADDRESS	1145 FAIRLAKE TRACE, APT. 1811
CITY-ST-ZIP	FORT LAUDERDALE FL 33326
TITLE	D
NAME	DE KASSAB, MERY FLAMES
STREET ADDRESS	1145 FAIRLAKE TRACE, APT. 1811
CITY-ST-ZIP	FORT LAUDERDALE FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.

	13.	
11 TITLE	D	☒ Change ☐ Addition
12 NAME	KASSAB AMNON	
13 STREET ADDRESS	1304 Sw 160th Av #233-A	
14 CITY-ST-ZIP	Fort Lauderdale FL 33326	
21 TITLE	D	☒ Change ☐ Addition
22 NAME	De Kassab Mery Flames	
23 STREET ADDRESS	1304 Sw 160th Av #233-A	
24 CITY-ST-ZIP	Fort Lauderdale FL 33326	
31 TITLE		☐ Change ☐ Addition
41 TITLE		☐ Change ☐ Addition
51 TITLE		☐ Change ☐ Addition
61 TITLE		☐ Change ☐ Addition

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: [signature] KASSAB AMNON — Aug 01 '95 — (305) [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0070326 CP