

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 24 PM 3: 15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P94000075667 (3)**

1. Corporation Name  
**FONT-ULUC INTERNATIONAL TRADING CORPORATION**

Principal Place of Business      Mailing Address  
**800 WEST AVE SUITE 541      800 WEST AVE SUITE 541  
MIAMI BEACH FL 33139      MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/14/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		25		65/0532216		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		6. This corporation has liability for intangible tax under §. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WOLFE, LARRY 200 - A JOHN KNOX RD TALLAHASSEE FL 32303-6643</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FONT, DOMINGO	1.2 NAME					
STREET ADDRESS	3611 COLLINS AVE APT 304	1.3 STREET ADDRESS					
CITY - ST - ZIP	MIAMI BEACH FL 33140	1.4 CITY - ST - ZIP					
TITLE	D	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ULUC, DENIZ	2.2 NAME					
STREET ADDRESS	800 WEST AVE SUITE 541	2.3 STREET ADDRESS					
CITY - ST - ZIP	MIAMI BEACH FL 33139	2.4 CITY - ST - ZIP					
TITLE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY - ST - ZIP		3.4 CITY - ST - ZIP					
TITLE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY - ST - ZIP		4.4 CITY - ST - ZIP					
TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY - ST - ZIP		5.4 CITY - ST - ZIP					
TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY - ST - ZIP		6.4 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 110.07(3)(k), 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: Deniz Uluc      DENIZ ULUC      4-17-95      (305) 531-1788  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #