

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # *P94000082945*

1. Corporation Name

S.L. TRADING INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

*245 SE 1ST STREET, STE. 331 SAME
MIAMI, FL. 33131*

2. Principal Place of Business

2a. Mailing Address

21 *245 SE 1 STREET*

26 *SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 *ST. #331*

27

City & State

City & State

23 *MIAMI, FL.*

28

Zip

Zip

24 *33131*

Country

Country

25 *DADE*

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
NOV. 14 - 94

3a. Date of Last Report
1995

4. FEI Number
59-3278982

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

10. Name and Address of New Registered Agent

*SALOMON LITHANOWICZ
2742 BISCAYNE BLVD.
MIAMI, FL. 33137*

81 Name *VINICIUS MELO*

82 Street Address (P.O. Box Number is Not Acceptable)
245 SE 1 STREET, STE. 331

83

84 City *MIAMI*

FL

85 Zip Code
33131

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 *X Vinicius Melo*

(Signature, typed or printed name of registered agent and the it appears)

(NOTE: Registered Agent Signature required when changing)

03/27/96

DATE

12. OFFICERS AND DIRECTORS

TITLE *PRESIDENT* ☐ DELETE
NAME *VINICIUS MELO*
STREET ADDRESS *245 SE 1 STREET #331*
CITY-ST-ZIP *MIAMI FL. 33131*

TITLE *VICE-PRES. & TREAS.* ☐ DELETE
NAME *SHEILA MELO*
STREET ADDRESS *245 SE 1 STREET, ST. #331*
CITY-ST-ZIP *MIAMI, FL. 33131*

TITLE *VICE-PRESIDENT* ☒ DELETE
NAME *ANTONIO C. MELO*
STREET ADDRESS *245 SE 1 STREET #331*
CITY-ST-ZIP *MIAMI, FL. 33131*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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)(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: *Vinicius Melo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/96

Daytime Phone #

CR2E034 (12/95)

4-2-96