

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 # **P94000088580 (3)**

1. Corporation Name
C.A.T. EXPORT TRADING, INC.



Principal Place of Business: **10657 N.W. 7 STREET, PEMBROKE PINES FL 33026**
Mailing Address: **10657 N.W. 7 STREET, PEMBROKE PINES FL 33026**

3. Date Incorporated or Qualified: **12/05/1994**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **55-0549663**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21, 22, 23, 24: Suite, Apt. #, etc., City & State, Zip, Country
26, 27, 28, 29, 30: Suite, Apt. #, etc., City & State, Zip, Country

9. Name and Address of Current Registered Agent
**Ochoa TOSADO, CAROLINA A
10657 N.W. 7 STREET
PEMBROKE PINES FL 33026**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 or officer or director (Print name in Block 12) In the presence of a witness (Signature required if the signing officer or director is not present)

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|-------------------------|-------------------------------------|
| TITLE | PD | <input type="checkbox"/> |
| NAME | TOSADO, CAROLINA A | |
| STREET ADDRESS | 10657 N.W. 7 STREET | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33026 | |
| TITLE | VSTD | <input checked="" type="checkbox"/> |
| NAME | MEJIDO, MARIA T | |
| STREET ADDRESS | 2834 S.W. 33 AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33133 | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|-------------------------|-------------------------------------|--------------------------|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | Ochoa CAROLINA A | | |
| 1.3 STREET ADDRESS | 10657 NW 7street | | |
| 1.4 CITY-ST-ZIP | Pembroke Pines FL 33026 | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 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 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; that the recorder or trustee is 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 in Block 13 with an address.

SIGNATURE: *Carolina Tosado* **CAROLINA TOSADO** 5/1/96 950 438 2178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)