FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

S.1-95 B6303C

APPROVED AND FILED

MAY -1 PM 2:14

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000088697 (5)

1. Corporation Name

FOUR WOODS TRADING, INC.

Principal Place of Business:
717 PONCE DE LEON BLVD
#234
CORAL GABLES FL 33134

Mailing Address:
717 PONCE DE LEON BLVD
#234
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1994

3a. Date of Last Report

4. FEI Number — X 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 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21 / 22 / 23 / 24 / 25

2a. Mailing Address — 26 / 27 / 28 / 29 / 30

9. Name and Address of Current Registered Agent

FABRE, FRANK R. S
717 PONCE DE LEON BLVD
#234
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — FL — 85 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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FEIJOO, MANUEL I
STREET ADDRESS	8390 SW 2 ST
CITY-ST-ZIP	MIAMI FL 33134
TITLE	S
NAME	EGUARAS, GUSTAVO E
STREET ADDRESS	1305 SW 40 AVE
CITY-ST-ZIP	MIAMI FL 33134
TITLE	AS
NAME	FABRE, FRANK R. S
STREET ADDRESS	717 PONCE DE LEON BLVD #234
CITY-ST-ZIP	CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition (blank)

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 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: MANUEL FEIJOO — APRIL 27-1995 — 305-266-2296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE

0138508 CP