

SE
AMOUNT
CE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

FILED

96 SEP 11 PM 4:09

DOCUMENT #

1. Corporation Name

P 94000088934

C. Winkel Trading, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended

Principal Place of Business

Mailing Address

10540 N.W. 26th Street, Suite G202
Miami, Florida 33162

3. Date Incorporated or Qualified
12/8/94

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
93-1170714

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

9. Name and Address of Current Registered Agent

AmeriLawyer
343 Almeria Avenue
Coral Gables, Florida 33134

10. Name and Address of New Registered Agent

81 Name
ESQUIRE CORPORATE SERVICES, INC.

82 Street Address (P.O. Box Number is Not Acceptable)
2655 Le Jeune Road, PH-1D

83 City
Coral Gables,

84 City
Florida

85 Zip Code
FL 33134

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]

(Print Name of Registered Agent Signature Required When Applicable)

DATE

9-6-96

12. OFFICERS AND DIRECTORS

1111 NAME
ERIC F. SPEWER, DIRECTOR ☒ DELETE
1112 STREET ADDRESS
6175 N.W. 186th Street, Unit 204
1113 CITY, ST, ZIP
Hialeah, Florida 33015

1111 NAME
[] DELETE

1111 NAME
[] DELETE

1111 NAME
[] DELETE

1111 NAME
[] DELETE

1111 NAME
[] DELETE

1111 NAME
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

131 TITLE
DIRECTOR AND TREASURER ☐ Change ☒ Addition
132 NAME
CHRISTIAAN WINKEL
133 STREET ADDRESS
10540 N.W. 26th Street, Suite G202
134 CITY, ST, ZIP
Miami, Florida 33162

2111 TITLE
DIRECTOR, PRESIDENT AND ☐ Change ☒ Addition
2112 NAME
SECRETARY - CHRISTIAAN DE HASETH
2113 STREET ADDRESS
4851 S.W. 71st Place
2114 CITY, ST, ZIP
Miami, Florida 33155

3111 TITLE
[] Change [] Addition
3112 NAME
[] Change [] Addition
3113 STREET ADDRESS
[] Change [] Addition
3114 CITY, ST, ZIP
[] Change [] Addition

4111 TITLE
[] Change [] Addition
4112 NAME
900001956949
4113 STREET ADDRESS
-09/25/96--01092--007
4114 CITY, ST, ZIP
*****61.25 *****61.25

5111 TITLE
[] Change [] Addition
5112 NAME
[] Change [] Addition
5113 STREET ADDRESS
[] Change [] Addition
5114 CITY, ST, ZIP
[] Change [] Addition

6111 TITLE
[] Change [] Addition
6112 NAME
[] Change [] Addition
6113 STREET ADDRESS
[] Change [] Addition
6114 CITY, ST, ZIP
[] Change [] Addition

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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 617, Florida Statutes; and
that my name appears in Block 12 or Block 13, changed, or as an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-96

DATE

Signature of Agent

CR2E034 (3/96)