

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 # P95000002253

1. Corporation Name

MARACAY TRADING COMPANY

Principal Place of Business

Mailing Address

16345 W. Dixie Hwy.
Suite 163
North Miami Beach, FL 33160

same as principal Address.

3. Date Incorporated or Qualified

01-10-95

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0544322

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

10. Name and Address of New Registered Agent

Corporate Creations
401 Ocean Drive
Suite 312 - Door Code #125
Miami Beach, FL 33139-6629

81 Name

Federico M. Macia, Esq.

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

848 Brickell Avenue

83

Suite 601

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: Federico M. Macia, Esq.

(Signature: typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4-25-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☐ DELETE
NAME Jose A. Perez-Barciela
STREET ADDRESS 16345 W. Dixie Hwy, Ste.#163
CITY- ST- ZIP North Miami Beach, FL 33160

TITLE Secretary ☐ DELETE
NAME Jose A. Perez-Barciela
STREET ADDRESS 16345 W. Dixie Hwy, Ste.#163
CITY- ST- ZIP North Miami Beach, FL 33160

TITLE Treasurer ☐ DELETE
NAME Jose A. Perez-Barciela
STREET ADDRESS 16345 W. Dixie Hwy, Ste.#163
CITY- ST- ZIP North Miami Beach, FL 33160

TITLE Vice President ☐ DELETE
NAME Karela Rodriguez
STREET ADDRESS 16345 W. Dixie Hwy, Ste.#163
CITY- ST- ZIP North Miami Beach, FL 33160

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: X

- Jose A. Perez-Barciela

4-25-96

305-949-1689

(Signature: typed or printed name of signing officer or director)

Date

Daytime Phone

CR2E034 (12/95)