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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE ROSEWARY FORM WITZENBLIRG



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996 DIVISION OF CORPURATIONS P95000004496 (2) **DOCUMENT #** 1. Corporation Name AMERICAN / HAITIAN TRADING GROUP, INC. Principal Place of Business Mailing Address 6340 MIRAMAR PARKWAY 6340 MIRAMAR PARKWAY MIRAMAR FL 33023 MIRAMAR FL 33023 3. Date Incorporated or Qualified 3a. Date of Last Report 01/11/1995 2. Principal Place of Business 2a, Mailing Address 4. JEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 \Box Trust Fund Contribution Added to Fees 2₁₀ Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GUERRIER, YVES Street Address (P.O. Box Number is Not Acceptable) 6340 MIRAMAR PARKWAY MIRAMAR FL 33023 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. Signature, typed or printed halpe of registers diagrantia id that it also eable (NOTE: Registered Agent signature requir of elirenstating DATE. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D PResident THE DELETE 1 1 THEFE ☐ Change Addition **GUERRIER, YVES** NAME 1.2 NAME 6340 MIRAMAR PARKWAY STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR FL 33023 DITY-S1-ZIP 1.4 CiTY-\$1-7IP THRE SECRETARY HEASTER DELETE 2 1 TIFE8 ☐ Change Addition VAN WITZENBURG, ROSEMARY NAME 2.2 NAME 6151 MIRAMAR PARKWAY STREET ADDRESS 2.3 STREET ADDRESS MIRAMAR FL 33023 CITY - ST - ZIP 2 4 CHTY - ST - ZIP TITLE ☐ DELETE 3 : TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 City-St-2iP Title DELETE 4. 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 100001735451 -03/07/96--01043--009 4.3 STREET ADDRESS CITY - S1 - ZIP 4.4.C(TY - ST - Z)F TITLE DELETE ***200.00 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 5.4 CHY+ST-7IP TITLE DECETE 6 : TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-SI-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 Scientify 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 a cath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and appears in Block 12 or Block 12 if changed, or on an attachment with an address.

CR2E034 (12/95)