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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000011581 (2)**

1. Corporation Name

DOBRE EXPORT TRADING, INC.

Principal Place of Business	Mailing Address
8222 WILES ROAD SUITE 167 CORAL SPRINGS FL 33067	8222 WILES ROAD SUITE 167 CORAL SPRINGS FL 33067

3. Date Incorporated or Qualified: 02/08/1995

3a. Date of Last Report: INITIAL

2. Principal Place of Business
21: SAME
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: SAME
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0564733 ☐ 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

HANSON, PHILLIP M
5720 LAKESIDE DRIVE
APT. #613
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name: PHILLIP HANSON
82 Street Address (P.O. Box Number is Not Acceptable): 7905 SW 8TH COURT
83:
84 City: NORTH LAUDERDALE FL 85 Zip Code: 33068

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: [signature] PHILLIP HANSON 1/18/96
(Signature, typed or printed name of Registered Agent and date) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANSON, PHILLIP 5720 LAKESIDE DRIVE #613 MARGATE FL 33063 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition 7905 S.W. 8TH CT. NORTH LAUDERDALE FL 33068
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANSON, BLANCH 5720 LAKESIDE DRIVE #613 MARGATE FL 33063 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition 7905 SW 8TH CT NORTH LAUDERDALE FL 33068
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANDSON, LILLIETH 5720 LAKESIDE DRIVE APT. 613 MARGATE FL 33063 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition 7905 S.W. 8TH CT. NORTH LAUDERDALE FL 33068
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: [signature] PHILLIP HANSON 1/18/96 (305) 808-4161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #