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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000014352 (5)**

1. Corporation Name

RARE CARGO INTERNATIONAL IMPORTS, INC.

Principal Place of Business	Mailing Address
#2 11TH STREET OCEANFRONT **ST AUGUSTINE FL 32084**	**#2 11TH STREET OCEANFRONT** **ST AUGUSTINE FL 32084**

3. Date Incorporated or Qualified: **02/20/1995**

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 106 ST. George ST.	26 106 ST. George ST.
Suite, Apt. #, etc. 22 ST. Augustine, FLA.	Suite, Apt. #, etc. 27 ST. Augustine, FLA.
City & State 23 32084 U.S.A.	City & State 28 32084 U.S.A.
Zip 24 — Country 25 —	Zip 29 — Country 30 —

4. FEI Number: **59-3312609** ☐ 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

ADDISON, THOMAS F
#2 11TH STREET OCEANFRONT
ST AUGUSTINE FL 32084

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ADDISON, THOMAS F		1.2 NAME	
STREET ADDRESS	#2 11TH STREET OCEANFRONT		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLLERAN, JEFFREY M		2.2 NAME	
STREET ADDRESS	#2 11TH STREET OCEANFRONT		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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***225.00

6-3-96

14. I do hereby certify that the information supplied with this filing is correct. Any fee 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 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 attached amendment, with my address.

SIGNATURE: Thomas F. Addison — 5/2/96 — (904) 825-0083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)