SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** P95000017852 (1) L & M TRADING CORPORATION Principal Place of Business Mailing Address 7713 W POCAHONTAS AVENUE 7713 W POCAHONTAS AVENUE TAMPA FL 33615 TAMPA FL 33615 3. Date Incorporated or Qualified 3a. Date of Last Report 03/02/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 26 Suite, Apt. #. etc Not Applicable Suite, Apt #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Zıp Added to Fees Country Zip 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 OJEDA, ALDO 81 Name 4144 N ARMENIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 350 TAMPA FL 33607 83 84 City 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 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, typed or printed name of registered agent and little if applicable (NOTE First) stered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PTD TITLE (3/36) DELETE 11 TIFLE Change Addition ROSSI, LUIGI J NAME 1.2 NAME 7713 W POCAHONTAS AVENUE STREET ADDRESS CR2E034 13 STREET ADDRESS **TAMPA FL 33615** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE VSD DELETE 21 TITLE ROSSI, MARIA E Change Addition NAME 2.2 NAME 7713 W POCAHONTAS AVENUE STREET ADDRESS 2 3 STREET ADDRESS TAMPA FL 33615 CITY-ST-ZIF 2 4 CITY - ST - ZIP TITLE DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-2IP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-2IP 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 CHY - ST- ZIP TITLE DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-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 Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signal-ure shall have the same legal effect as if that my name appears in Block 12 or Block 13 if changed for on an attachment with an address 64 CITY - ST - ZIP

SIGNATURE: SIGNATURE AND TYPER OF PRATES NAME OF SIGNING OFFICER OR DIRECTOR