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.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
1996 NOV 26 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000035734 (9)

1. Corporation Name

CARIAMERICA INTERNATIONAL TRADERS, INC.

Principal Place of Business
14532 BALGOWAN ROAD
MIAMI LAKES FL 33016

Mailing Address
14532 BALGOWAN ROAD
MIAMI LAKES FL 33016

REINSTATEMENT

2. Principal Place of Business: 21 3030 N.W. North River Drive	2a. Mailing Address: 26 P.O. Box 170360
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 Miami, Fl.	City & State: 28 Miami, Fl.
Zip: 24 33142 / Country: 25	Zip: 29 33017 / Country: 30

3. Date Incorporated or Qualified: 05/08/1995
3a. Date of Last Report:
4. FEI Number: Applied For — [X] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] — $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**

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. **Name and Address of New Registered Agent**

81 Name: AMERILAWYER CHARTERED
82 Street Address (P.O. Box Number Is Not Acceptable): 343 Almeria Avenue
83
84 City: Coral Gables — FL — 85 Zip Code: 33134

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 By: AMERILAWYER CHARTERED — 22 November 1996
Signature ... Vice President (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	[ ] DELETE	1.1 TITLE	President - Secretary [X] Change [ ] Addition
NAME	MOURRA, SAMIR G		1.2 NAME	Samir G. Mourra
STREET ADDRESS	14532 BALGOWAN ROAD		1.3 STREET ADDRESS	8505 NW 165 ST
CITY-ST-ZIP	MIAMI LAKES FL 33016		1.4 CITY-ST-ZIP	Miami Fl. 33016
TITLE	VD	[ ] DELETE	2.1 TITLE	VD [X] Change [ ] Addition
NAME	MOURRA, MUNIR J		2.2 NAME	MOURRA, MUNIR J
STREET ADDRESS	14532 BALGOWAN ROAD		2.3 STREET ADDRESS	19407 NW 13 Street
CITY-ST-ZIP	MIAMI LAKES FL 33016		2.4 CITY-ST-ZIP	Pembroke Pins Fl 33029
TITLE	TD	[X] DELETE	3.1 TITLE	Treasurer [ ] Change [X] Addition
NAME	KETANT, JOSEPH		3.2 NAME	MUNIR MOURRA
STREET ADDRESS	14532 BALGOWAN ROAD		3.3 STREET ADDRESS	19407 NW 13 street
CITY-ST-ZIP	MIAMI LAKES FL 33016		3.4 CITY-ST-ZIP	Pembroke Pins, Fl 33029
TITLE		[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME			4.2 NAME	900002017019--8
STREET ADDRESS			4.3 STREET ADDRESS	-12/02/96--01028--005
CITY-ST-ZIP			4.4 CITY-ST-ZIP	*******8.75 *******8.75
TITLE		[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	900002017019--8
CITY-ST-ZIP			5.4 CITY-ST-ZIP	-12/02/96--01028--006
TITLE		[ ] DELETE	6.1 TITLE	*****375.00 *****375.00 Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED President — 11/13/96 — 305-636-3919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Samir G. Mourra, President