

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000052103 (5)

1. Corporation Name

FC TECH TRADING INC.



Principal Place of Business

Mailing Address

~~4790 N.W. 72ND AVE.~~  
~~MIAMI FL 33166~~

~~4790 N.W. 72ND AVE.~~  
~~MIAMI FL 33166~~

2. Principal Place of Business

21 6075 NW 82<sup>nd</sup> Ave

Suite, Apt. #, etc.

22

City & State

23 Miami - Florida

Zip

24 33166

Country

25 Code

2a. Mailing Address

26 6075 NW 82<sup>nd</sup> Ave

Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip

29 33166

Country

30 Code

9. Name and Address of Current Registered Agent

PIASSAROLLO, LUCIANA  
4790 N.W. 72ND AVE.  
MIAMI FL 33166

3. Date Incorporated or Qualified

07/06/1995

3a. Date of Last Report

4. FEI Number

65-0591990

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name

WAGNER MACHADO

82

Street Address (P.O. Box Number is Not Acceptable)

3704 Estepona Ave

83

84

City

Miami

FL

85

Zip Code

33178

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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]*

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME PIASSAROLLO, LUCIANA

STREET ADDRESS 141 N.E. 3RD AVE. #205

CITY- ST- ZIP MIAMI FL 33132

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAGNER MACHADO

305. 471-7344  
Daytime Phone #

CR2E034 (12/95)