## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT Secretary of Stee . FILED 010-1997 DIVISION OF CORPORATIONS DOCUMENT # P950000 SZY9Z 97 JUL 25 AM IC: 08 SWAN Trading International Inc. SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT are 47 Principal Place of Business Mailing Address 1200 ClintMooreRd STE9 Bocz Raton, FL 33487 3. Date Incorporated or Qualified 07-03-95 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 22 Fee Required City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes ☐ No Zip Country 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Hascal Zay 82 Street Address (P.O. Box Number is Not Acceptable) 1200 clintmopre Rd 83 Boca Raton, FL 33487 Zip Code 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. Thereby accept the appointment as registered agent. I am familiar with, applicance of the obligations of, Section 607.0505, Florida Statutes. 'SIGNATURE if applicable (NOTE Registered Agent signature required when reinstating 12. OFFICERS AND DIRE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 111111 Change \_\_\_ Addition NW 59/H STL NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS BOCA RATION. CITY-ST-ZIP 1.4 CI1Y - S1 - ZIP VICE PROSTABLE DELETE TITLE 21 1/11/ Change Addition HOEN 2.2 NAME NAME 851 NE 69 STE 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-7IP CITY-S1-7IP TITLE DELETE 311111 Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY-SI-ZP CITY-ST-ZIP TITLE DELETE 4.1.1111.6 NAME 4 2 NAME REET ADDRESS 4.3 STREET ADDRESS \*\*\*\*915.00 \*\*\*\*915.00 TY-ST-ZIP 4.4 C/TY - ST - Z/P DELETE Addition T LE 51 TITLE Change 5.2 NAME NAME 5.3 STRUCT ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS REET ADDRESS 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, if 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 property 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 an address PASCUL 4/88/97 (8) 561.995-9693 SIGNATURE: