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**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #  1. Corporation Name	P95000055908	(4)
1. Corporation Name		\ `\

	TE ROCHA TRADING, INC.						
Principal Plac	de of Business	Mailing Address		L 1881,1881 110 (910) 61(1) 01	an dann bhin deib	1 81181 E11(8 1811) #81	
3939 NORT MIAMI FL 3	THWEST 26 STREET 33142	3939 NORTHWEST 26 MIAMI FL 33142	STREET				
				3. Date Incorporated or Qual 07/19/1995	lified 3a. Da	ate of Last Repor	πt
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number		X Appli	lied For
1] _ 〇人 Suite, Apt	ME.	26 SAME-	· · · · · · · · · · · · · · · · · · ·			Not /	Applicable
City & Stat		Suite, Apt. #, etc.		5. Certificate of Status Desire	EN .	\$8.75 Ad Fee Requ	
3		City & State		6. Election Campaign Financi Trust Fund Contribution	ing 🔀	<b>\$5.00</b> м Added to	
Ζη: <b>4</b> ]	Country	Zip <b>29</b>	Country 30	8. This corporation has liabilit Florida Statutes	y for intangible Yes 🔣 No	tax under s 199	).032,
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of N	lew Registered	d Agent	
<b>*</b> 440 1.4	NATEDIA OF LAURENCE LAND		81 Name 7	DANTE M. ROCHAS	AUTOS.		
IHE LA	AW FIRM OF LAWRENCE J SPI MERIA AVENUE	egel Chrtd	82 Street Ac	DANTE M. ROCHA S. Joress (P.O. Box Number is Not Acci 19 NW 2657	eptable)		
	.MERIA AVENUE . GABLES FL 33134		83 373	19 NW 26 5T.			
CONAL	GABLES FL 33134		[83]				
			84 City	irmi-	F-1	85 Zip Coo	de _
II. Pursuant	to the provisions of Sections 607.050	02 and 607,1508. Florida Statute	s the above-named corr	Coration submits this statement for the	FL	<u> </u>	42
or registe familiar w	to the provisions of Sections 607.050 red agent, or both, in the State of Flo ith, and account the obligations of, ਜੋਵੇਂ	orida, such change was authorize	ed by the corporation's bo	pard of directors. I hereby accept the	e purpose or cr appointment a	nanging its registi is registered ager	.ered offic nt. I am
SIGNATURE /	San Str	DAUTE	M. ROCHASAN	Tas			
	Signature, typed or printed name or registered age	encaro une massiscacie (NO	TE: Flogistered Agent signature requ	kind wher: reinstating)	01-29	70	
12.	OFFICERS A	VID DIBECTORS	4.5			- · · · · · · · · · · · · · · · · · · ·	
(7) E	DOTO		13.	ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTORS IN	N 12
	PSTD SANTE DOCUM	DELETE	1.1 TITLE	/P			N 12 Addition
AME	SANTOS, DANTE ROCHA	DELETE	1.1 TITLE 1.2 NAME	IP ENICOA L. RUBIN			
AME TREET ADDRESS	SANTOS, DANTE ROCHA 3939 NORTHWEST 26 STR	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 3	1 <b>P</b> ENICOA L.RUBIN 1939 NW 26 5T			·
AME THEET ADDRESS HY-ST-ZIF	SANTOS, DANTE ROCHA 3939 NORTHWEST 26 STR MIAMI FL 33142	☐ DELETE	1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	IP ENICOA L. RUBIN		☐ Change 🔀	Addition
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SIGNATURE: U

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.29.96. 305.871.5156.