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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000057474 (5)**

1. Corporation Name

FLORIDA INTERNATIONAL TRADERS, INC.

Principal Place of Business	Mailing Address
C/O ARROYO & ARROYO, P.A. ~~1900 S HARBOR CITY BLVD SUITE 328~~ ~~MELBOURNE FL 32901~~	C/O ARROYO & ARROYO, P.A. ~~1900 S HARBOR CITY BLVD SUITE 328~~ ~~MELBOURNE FL 32901~~

3. Date Incorporated or Qualified: 07/25/1995
3a. Date of Last Report: —

2. Principal Place of Business	2a. Mailing Address
21 1600 W.Eau Gallie Blvd.	26 1600 W. Eau Gallie Blvd.
Suite, Apt. #, etc. 22 Suite 201	Suite, Apt. #, etc. 27 Suite 201
City & State 23 Melbourne, FL	City & State 28 Melbourne, FL
Zip / Country 24 32935 / 25 Brevard	Zip / Country 29 32935 / 30 Brevard

4. FEI Number — Applied For ☐ / Not Applicable ☒

5. Certificate of Status Desired ☐ — $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	10. Name and Address of New Registered Agent
ARROYO, ENRIQUE ~~1900 S HARBOR CITY BLVD~~ ~~SUITE 328~~ ~~MELBOURNE FL 32901~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1600 W. Eau Gallie Blvd., 83 Suite 201 84 City: Melbourne FL 85 Zip Code: 32935

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 _____ (NOTE: Registered Agent signature required for this filing) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DESHMUKH, PRAKASH ~~1900 S HARBOR CITY BLVD SUITE 328~~ ~~MELBOURNE FL 32901~~	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	1600 W. Eau Gallie Blvd., Ste. 201 Melbourne, FL 32935	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	5/1/96 cur	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	100001808141 -05/06/96--01015--024 ***200.00	☐ Change ☐ Addition

CR2E034 (12/95)

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)(i), 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: Prakash Deshmukh — 4-27-96 — 407-768-7280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PRAKASH DESHMUKH