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 # **P95000060275 (1)**

1. Corporation Name

FLORIBBEAN TRADERS INC.

Principal Place of Business	Mailing Address
844 N.E. 205TH TERRACE **MIAMI FL 33179**	**844 N.E. 205TH TERRACE** **MIAMI FL 33179**

3. Date Incorporated or Qualified: **08/02/1995**

3a. Date of Last Report:

2. Principal Place of Business
21: 13214 W. Dixie Hwy.
22: Suite, Apt. #, etc.
23: City & State: Miami, Fl 33161
24: Zip: 33161 — 25: Country: USA

2a. Mailing Address
26: 13214 w. Dixie Hwy.
27: Suite, Apt. #, etc.
28: City & State: Miami, Fl
29: Zip: 33161 — 30: Country: USA

4. FEI Number: 65-0600589 ☐ 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

LAGUERRE, FABRICE
844 N.E. 205TH TERRACE
MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name: Fabrice Laguerre
82 Street Address (P.O. Box Number is Not Acceptable): 470 N.W. 130 Street
83:
84 City: Miami — **FL** — 85 Zip Code: 33168

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: Fabrice Laguerre — DATE: 04-26-1996

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-president Fabrice Laguerre 470 NW 130 st. Miami, Fl 33168	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	**PRESIDENT** ☒ Change ☐ Addition Fabrice Laguerre 470 NW 130 st Miami, Fl 33168
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Patrick Fabre 14840 NE 10 ct. Miami, Fl 33161	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	**VICE PRESIDENT** ☒ Change ☐ Addition Patrick Fabre 14840 NE 10 ct. Miami, Fl 33161
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Joanem Floreal 260 NW 145 st. Miami, Fl 33168	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Secretary ☐ Change ☒ Addition Aline Clerie PO Box 70595 (N/A) Tallahassee, Fl 32307
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Charly Julien 10515 SW 153 ct. Miami, Fl 33196	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Treasurer ☐ Change ☒ Addition Bettyna Belly 135 NE 132 Terr. Miami, Fl 33161
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	300001884899 ☐ Change ☐ Addition -07/05/96--01032--023 ***200.00

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 and our 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 added to this report with an address.

SIGNATURE: Fabrice Laguerre — 5-1-96 — (305) 891-4555

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

CR2E034 (12/95)