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

APPROVED AND FILED

96 SEP -4 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000060840 (2)**

1. Corporation Name

AMERICAN RIVER TRADING COMPANY, INC.

Principal Place of Business	Mailing Address
19201 E OAKMONT DR MIAMI FL 33013	19201 E OAKMONT DR MIAMI FL 33013

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

3a. Date of Last Report:

2. Principal Place of Business
21: 1925 Brickell Ave
22 Suite, Apt. #, etc.: 1702
23 City & State: Miami FL
24 Zip: 33129
25 Country: DADE

2a. Mailing Address
26:
27 Suite, Apt. #, etc.: SAME
28 City & State:
29 Zip:
30 Country:

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

MCNEILL, ANN
19201 E OAKMONT DR
MIAMI FL 33013

10. Name and Address of New Registered Agent

81 Name: William S. Stevens III
82 Street Address (P.O. Box Number is Not Acceptable): 1925 Brickell Avenue # 1702
83:
84 City: Miami FL 85 Zip Code: 33129

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: _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	~~RIOS, MARIA C~~		1.2 NAME	Celia Rios Stevens	
STREET ADDRESS	~~19201 E OAKMONT DR~~		1.3 STREET ADDRESS	1925 Brickell Ave # 1902	
CITY-ST-ZIP	~~MIAMI FL 33013~~		1.4 CITY-ST-ZIP	Miami FL 33129	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCNEILL, ANN		2.2 NAME		
STREET ADDRESS	19201 E OAKMONT DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33013		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME			3.2 NAME	William S. Stevens III	
STREET ADDRESS			3.3 STREET ADDRESS	1925 Brickell Ave # 1702	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Miami FL 33129	
TITLE		☐ DELETE	4.1 TITLE	000001946210	☐ Change ☐ Addition
NAME			4.2 NAME	-09/12/96--01103--015	
STREET ADDRESS			4.3 STREET ADDRESS	****225.00 ****225.00	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 added on an attachment with an address.

SIGNATURE: _____ 7/19/96 (305) 893-6943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #