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 # **P95000061711 (4)**

1. Corporation Name

MUREKS INTERNATIONAL TRADE INC.

Principal Place of Business
6046 JET PORT INDUSTRIAL BLVD.
TAMPA FL 33634

Mailing Address
5702 HARBORSIDE DRIVE
TAMPA FL 33615

3. Date Incorporated or Qualified: **08/10/1995**
3a. Date of Last Report:

21 2. Principal Place of Business:
22 Suite, Apt. #, etc.:
23 City & State:
24 Zip: 25 Country:

26 2a. Mailing Address: 6046 Jet Port Industrial Blvd
27 Suite, Apt. #, etc.:
28 City & State: Tampa, FL
29 Zip: 33634 30 Country:

4. FEI Number: 59 3329677 — 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**

DOGAN, TARKAN
5702 HARBORSIDE DRIVE
TAMPA FL 33615

10. **Name and Address of New Registered Agent**

81 Name: Tarkan Dogan
82 Street Address (P.O. Box Number is Not Acceptable):
83 6046 Jet Port Industrial Blvd.
84 City: Tampa **FL** 85 Zip Code: 33634

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: [signature] — Signature (typed or printed name of registered agent and title if applicable) [signature] — Title: Registered Agent (signature required if box checked) — DATE: 4-19-96

12. OFFICERS AND DIRECTORS

TITLE	Owner	☐ DELETE
NAME	Tarkan Dogan	
STREET ADDRESS	5666 Harborside dr.	
CITY-ST-ZIP	Tampa, FL 33615	
TITLE	Owner	☐ DELETE
NAME	Tunga Ginaroglu	
STREET ADDRESS	10802 W. Hillsborough Ave. Apt 2028	
CITY-ST-ZIP	Tampa, FL 33615	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	500001818065	
3.4 CITY-ST-ZIP	-05/13/96--01025--026	
4.1 TITLE	***200.00	☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5-14-96 PM

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)(k), 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: [signature], Tarkan Dogan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/19/96

Daytime Phone #: 813 245 5800

CR2E034 (12/95)