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May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
6046 JET PORT INDUSTRIAL BLVD. TAMPA FL 33634	6046 JET PORT INDUSTRIAL BLVD. TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1995

2. Principal Place of Business	2a. Mailing Address
21 6026 BENJAMIN ROAD	26 6026 BENJAMIN ROAD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TAMPA FL 33634	28 City & State: TAMPA FL
24 Zip: 33634 25 Country: USA	29 Zip: 33634 30 Country: USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOGAN, TARKAN 6046 JET PORT INDUSTRIAL BLVD. TAMPA FL 33634	81 Name: DOGAN, TARKAN 82 Street Address (P.O. Box Number is Not Acceptable): 6026 BENJAMIN ROAD 83 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 _____ 4-27-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	O	☐ DELETE	1.1 TITLE	O	☒ Change ☐ Addition
NAME	DOGAN, TARKAN		1.2 NAME	DOGAN, TARKAN	
STREET ADDRESS	6602 SUSMAN PLACE, APT. 203		1.3 STREET ADDRESS	1201 W. HORATIO ST. UNIT 1	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	TAMPA FL	
TITLE	O	☐ DELETE	2.1 TITLE	O	☒ Change ☐ Addition
NAME	GINAROGH, TUNGA		2.2 NAME	GINAROGH, TUNGA	
STREET ADDRESS	7166 BONAVENTURE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
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		

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14. I hereby certify that the information supplied with this filing 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 _____ 4-27-98 813-249-5806