SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000092974 (1)**

1. Corporation Name
FRESH TRADING, INC.

Principal Place of Business	Mailing Address
12855 S.W. 136 AVENUE #211 MIAMI FL 33186	12855 S.W. 136 AVENUE #211 MIAMI FL 33186

3. Date Incorporated or Qualified: 12/07/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 12855 SW-136 AV.	26 12855 SW-136 AV.
Suite, Apt. #, etc 22 SUITE # 106	Suite, Apt. #, etc 27 SUITE # 106
City & State 23 MIAMI, FL.	City & State 28 MIAMI, FL.
Zip / Country 24 33186 / 25 U.S.A.	Zip / Country 29 33186 / 30 U.S.A.

4. FEI Number: 65-0629033 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: xx — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: xx — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes xx No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RIOS, LEOPOLDO 10661 S.W. 88TH STREET #216 MIAMI FL 33176	81 Name: RIOS, LEOPOLDO 82 Street Address (P.O. Box Number is Not Acceptable): 1790 W-49 ST. SUITE 217 83 84 City: HIALEAH FL 85 Zip Code: 33012

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 _____ 06/13/96
Signature, type or print 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	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	SOSA F., LUIS H		12 NAME	
STREET ADDRESS	12855 S.W. 136 AVENUE #211		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		14 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SOSA F., RAFAEL J		22 NAME	
STREET ADDRESS	12855 S.W. 136 AVENUE #211		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		24 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	SOSA F., EDUARDO J		32 NAME	
STREET ADDRESS	12855 S.W. 136 AVENUE #211		33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		34 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	SOSA F., HORACIO A		42 NAME	
STREET ADDRESS	12855 S.W. 136 AVENUE #211		43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	BAEZ N., LUIS A		52 NAME	
STREET ADDRESS	12855 S.W. 136 AVENUE #211		53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 06/13/96 (305)232-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #