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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

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FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000036239 (7)

SUCRE TRADING CORPORATION

4900 N. OCEAN BLVD. 4900 N. OCEAN BLVD. FT. LAUDERDALE FL 33308-2939 FT. LAUDERDALE FL 33308 3. Date Incorporated or Qualified 3a. Date of Last Report 04/26/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zio Z_{10} This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAW FIRM OF MANFRED ROSENOW, P.A. 2425 CORAL WAY Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33145** 83 84 City 65 Zip Code 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, type-dior printed matte of requirered agree and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. OFFICERS AND DIRECTORS 13. ☐ Change DELETE ☐ Addition TITLE 1.1 TITLE PABON, CARLOS A 12 NAME NAME 4900 N. OCEAN BLVD. #1706 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33308 1.4 CITY - ST - ZIP CITY - ST- ZIP DELETE ☐ Change Addition ŠD 2.1 TITLE TITLE DE PABON, BEATRIZ E 2.2 NAME NAME 4900 N. OCEAN BLVD. #1706 2 3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33308 2 4 CITY-ST-ZIP CITY- ST-2IF DELETE Change Addition 31 TITLE TITLE NAME 3.2 NAME **3.3 STREET ADDRESS** STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-7IP Change Addition DELETE TITLE 41 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE TOLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ARCOS PABON 1-13-97

14. I do 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 proof or supplied ental 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 of the receiver or trustely empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed or of in attachment with an address.

GNING OFFICER OR DIRECTOR