1-18-95 B-0081-C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:27

DO NOT WRITE IN THIS SPACE

DOCUMENT # S00735 (8)

1. Corporation Name
BITRA CORPORATION

Principal Place of Business
5520 NW 84TH AVE.
MIAMI FL 33166
US

Mailing Address
5520 NW 84TH AVE.
MIAMI FL 33166
US

3. Date Incorporated or Qualified: 09/20/1990
3a. Date of Last Report: 06/13/1994
4. FEI Number: 65-0215559 ☐ 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

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

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

9. Name and Address of Current Registered Agent
BIRO, PEDRO ARTURO
5520 NW 84TH AVE.
MIAMI FL 33166

10. Name and Address of New Registered Agent
81 Name: GONZALEZ, JORGE ALBERTO
82 Street Address (P.O. Box Number is Not Acceptable): 5520 NW 84th AVE.
83
84 City: Miami 85 FL Zip Code: 33166

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] 1/9/95
(Signature of Registered Agent and Officer 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	1 1 TITLE	PD ☒ Change ☐ Addition
NAME	BIRO, PEDRO ARTURO	1 2 NAME	GONZALEZ, JORGE ALBERTO
STREET ADDRESS	5520 NW 84TH AVE.	1 3 STREET ADDRESS	5520 NW 84th AVE.
CITY ST ZIP	MIAMI FL	1 4 CITY ST ZIP	MIAMI, FL.
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

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 on an attachment with an address.

SIGNATURE: [signature] 01-09-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0181603 CP