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

APPROVED AND FILED
95 APR 10 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S20467** **(4)**

1. Corporation Name
SANTA REGINA INTERNATIONAL TRADING CORPORATION

Principal Place of Business	Mailing Address
~~5711 RED ROAD~~ CORAL GABLES FL 33146 US	~~5711 RED ROAD~~ CORAL GABLES FL 33146 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/06/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 Suite, Apt. #, etc.: ~~1570 delgado avenue~~
22 City & State: ~~Coral Gables,~~
23 Zip: ~~FL.~~ 33146 Country: 25 ~~DADE~~

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

4. FEI Number: 65-0265744 ☐ 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 X

9. Name and Address of Current Registered Agent

DE SOSA-CHABAU, EUGENIO
~~5711 RED ROAD~~
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 1570 DELGADO AVENUE
CORAL GABLES
84 City: 33146 FL 85 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: E. de Sosa-Chabau, Pres. DATE: 3-31-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DE SOSA-CHABAU, EUGENIO ~~5711 RED ROAD~~ CORAL GABLES FL 33146	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	X 1570 DELGADO AVENUE CORAL GABLES, FL 33146	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD AYMERICH, YSABEL M ~~5711 RED ROAD~~ CORAL GABLES FL 33146	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	X 1570 DELGADO AVENUE CORAL GABLES, FL 33146	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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: E. de Sosa-Chabau, Pres. 3-31-95 305 6630159
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0183783 CP