4-13-95 B:3447C

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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 APR 13 PM 2:54

DOCUMENT # **S37952** **(6)**

1. Corporation Name
RED INTERNATIONAL TRADING, INC.

Principal Place of Business	Mailing Address
1200 NE MIAMI GARDENS DR SUITE 419 N MIAMI BEACH FL 33179	~~1200 NE MIAMI GARDENS DR~~ ~~SUITE 419~~ ~~N MIAMI BEACH FL 33179~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1991
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business	2a. Mailing Address
21 6065 N.W. 167 STREET	26 6065 N.W. 167 STREET
22 Suite, Apt. #, etc. B-7	27 Suite, Apt. #, etc. B-7
23 City & State MIAMI, FLA.	28 City & State MIAMI, FLA.
24 Zip 33015 25 Country USA	29 Zip 33015 30 Country USA

4. FEI Number: 65-0256250 ☐ 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

9. Name and Address of Current Registered Agent

QUIZENA, JOSE
1200 NE MIAMI GARDENS DR
SUITE 419
N MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6065 N.W. 167 STREET
83 B-7
84 City MIAMI FL 85 Zip Code 33015

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	QUIZENA, JOSE	12 NAME	
STREET ADDRESS	1200 NE MIAMI GRD DR 419	13 STREET ADDRESS	6065 N.W. 167 STREET, B-7
CITY-ST-ZIP	N MIAMI BEACH FL	14 CITY-ST-ZIP	MIAMI, FLA. 33015
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: José Quizena JOSE QUIZENA 4/4/95 (305)633-9071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0106460 CP