SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUL 24 AM 8:42

DOCUMENT # **S49152** **(9)**

1. Corporation Name
WACO TRADING CORPORATION

Principal Place of Business	Mailing Address
~~16555 W. DIXIE HWY.~~ 633 NE 167 ST #321 N MIAMI BCH FL 33162 US	~~16555 W. DIXIE HWY.~~ 633 NE 167 ST.#321 N MIAMI BCH FL 33162 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/25/1991	08/11/1994

2. Principal Place of Business	2a. Mailing Address
21 633 NE 167 ST. # 321	26 633 NE 167 ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #321
City & State 23 NORTH MIAMI BEACH, FL	City & State 28 NORTH MIAMI BEACH, FL
Zip / County 24 33162 / 25 DADE	Zip / County 29 33162 / 30 DADE

4. FEI Number: 65-0257326 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has [illegible] for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMPSON, DISNEY 169 E. FLAGLER ST. SUITE #1524 MIAMI FL 33131	01 Name 02 Street Address (P. O. Box Number is Not Acceptable) 03 04 City **FL** 05 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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. [illegible]	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	LIMA, GUILHERME RIBA	12 NAME	
STREET ADDRESS	693 NE 167TH STREET	13 STREET ADDRESS	
CITY ST ZIP	N. MIAMI BEACH FL	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	LIMA, SANDRA BRAZILI	22 NAME	
STREET ADDRESS	693 NE 167TH STREET	23 STREET ADDRESS	
CITY ST ZIP	N MIAMI BEACH FL	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	LIMA, GUSTAVO RIBAS	32 NAME	
STREET ADDRESS	693 NE 167TH STREET	33 STREET ADDRESS	
CITY ST ZIP	N. MIAMI BEACH FL	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	

CR2E034 (3/95)

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: [illegible] 7/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date

0054062 CP