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 25 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S61940** **(0)**

1. Corporation Name
HALLANDALE TRADING CORP.

Principal Place of Business	Mailing Address
~~7211 SW 62 ST~~	~~7211 SW 62 ST~~
~~D-11~~	~~D-11~~
~~MIAMI FL 33143~~	~~MIAMI FL 33143~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/24/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 12355 NW 15 St.	26 same
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 Pembroke Pines FL	City & State 28
Zip 24 33026 / County 25	Zip 29 / County 30

4. FEI Number: **65-0268773** ☐ 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	10. Name and Address of New Registered Agent
NELSON, GARRY **801 BRICKELL AVE.** **9TH FLOOR** **MIAMI FL 33131**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **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 _____ (NOTE: Registered Agent signature required when executing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	COLOMBRA DE MELLO, JOSE L	12 NAME		
STREET ADDRESS	RUA MARIA CAROLINA #668	13 STREET ADDRESS		
CITY ST ZIP	BRAZIL	14 CITY ST ZIP		
TITLE	~~D~~	21 TITLE	D/P/S	☒ Change ☐ Addition
NAME	~~FONSECA, PAULO S.~~	22 NAME	Luzia A. Rodriguez	
STREET ADDRESS	~~7211 SW 62 ST D-11~~	23 STREET ADDRESS	12355 NW 15 St.	
CITY ST ZIP	~~MIAMI FL~~	24 CITY ST ZIP	Pembroke Pines FL 33026	
TITLE	~~D~~	31 TITLE		☒ Change ☐ Addition
NAME	~~PANTALCAO DE MELLO, M.~~	32 NAME		
STREET ADDRESS	~~PRAIA DE ICARAI~~	33 STREET ADDRESS	(resignation)	
CITY ST ZIP	~~BRAZIL~~	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: Luzia A. Rodriguez Luzia A. Rodriguez, President 4/21/95 305 432-4060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Telephone Number)

0188100 CP