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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S67359

(7)

1. Corporation Name

PALMETTO - TRADE, INC.

Principal Place of Business

**1 E BROWARD BLVD
SUITE 608
FT LAUDERDALE FL 33301
US**

Mailing Address

**151 MAJORCA AVE #C
STE C
CORAL GABLES FL 33134
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/19/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0286300

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. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 151 Majorca Avenue

2a. Mailing Address

Suite, Apt. #, etc.

22 # C,

City & State

23 Coral Gables, FL.

Zip

24 33134

Country

25 USA

Zip

Country

30

9. Name and Address of Current Registered Agent

**GABRIEL PRATS, CPA
151 MAJORCA AVE #C
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

**TITLE D
NAME LEVINSON, ADRIAN
STREET ADDRESS 151 MAJORCA AVE #C
CITY - ST - ZIP CORAL GABLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **P, D, S, T. LEVINSON, Adrian Ricardo**

1.3 STREET ADDRESS **151 Majorca Ave, #C**

1.4 CITY - ST - ZIP **Coral Gables, FL 33134.**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(d), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/94 (305) 524-9830