

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 17 PM 1:17

DOCUMENT # S72213 (9)

1. Corporation Name

TRADE RESOURCES INTERNATIONAL, INCORPORATED

Principal Place of Business

30 WEST MASHTA DRIVE
SUITE 405
KEY BISCAYNE FL 33149

Mailing Address

30 WEST MASHTA DRIVE
SUITE 405
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/09/1991

3a. Date of Last Report
06/09/1994

4. FEI Number
65-0384086

Applied For
Next Appointment

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TORRES, ONOFRE
30 WEST MASHTA DRIVE
SUITE 405
KEY BISCAYNE FL 33149**

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 authorized to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (if different from corporation)

Signature of New Registered Agent (if different from corporation)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME	PST TORRES, ONOFRE
2. STREET ADDRESS	30 W MASHTA DR, S 405
3. CITY, STATE, ZIP	KEY BISCAYNE FL
4. NAME	
5. STREET ADDRESS	
6. CITY, STATE, ZIP	
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	
16. NAME	
17. STREET ADDRESS	
18. CITY, STATE, ZIP	
19. NAME	
20. STREET ADDRESS	
21. CITY, STATE, ZIP	

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
3. CITY, STATE, ZIP	☐ Change ☐ Addition
4. NAME	
5. STREET ADDRESS	
6. CITY, STATE, ZIP	☐ Change ☐ Addition
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE, ZIP	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	☐ Change ☐ Addition
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied in this filing is substantially true and correct and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that if the corporation is incorporated in the State of Florida, it is a corporation 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 and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the block of the corporation's stock and that I am an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1/11/95 (20) 341-061