

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

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:31

DOCUMENT # S81420 (9)

1. Corporation Name

COLTRADING CORP.

Principal Place of Business

**555 CRANDON BLVD., #23
ATTN: PILAR APARICIO
KEY BISCAYNE FL 33149
US**

Mailing Address

**555 CRANDON BLVD., SUITE 23
ATTN: PILAR APARICIO
KEY BISCAYNE FL 33149
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/19/1991** 3a. Date of Last Report **06/21/1994**

4. FIC Number **65-0311770** 4a. Additional Fee ☐ Not Applicable

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

6. ☐ **\$5.00 May Be Added to Fees**

7. This corporation has liability for information fees under s. 199.01(2), Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

9. Name and Address of Current Registered Agent

**APARICIO, PILAR
555 CRANDON BLVD.
SUITE 23
KEY BISCAYNE FL 33149**

10. Name and Address of New Registered Agent

81 Name
82 ☐ P.O. Box Number is Not Acceptable
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of Current Registered Agent or New Registered Agent

Signature of Registered Agent or New Registered Agent

Signature

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	APARICIO, PILAR
STREET ADDRESS	555 CRANDON BLVD.
CITY, ST., ZIP	KEY BISCAYNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

13. OFFICERS AND DIRECTORS	☐ Change ☐ Addition
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST., ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(3)(b), 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. 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 13 or 14 if change or addition attachment with an address.

SIGNATURE:

Pilar Aparicio - Pilar Aparicio

26/01/95 (305) 361 5771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)