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 MAR 21 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S82943** **(9)**

1. Corporation Name
G.A.C. TRADING CO., INC.

Principal Place of Business	Mailing Address
~~3000 BISCAYNE BLVD.~~ ~~SUITE 205~~ ~~MIAMI FL 33137~~	~~3000 BISCAYNE BLVD.~~ ~~SUITE 205~~ ~~MIAMI FL 33137~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/26/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 3050 Biscayne Blvd	26 3050 Biscayne Blvd
22 Suite, Apt. #, etc. #511	27 Suite, Apt. #, etc. #511
23 City & State Miami Florida	28 City & State Miami Florida
24 Zip 33137 25 Country USA	29 Zip 33137 30 Country USA

4. FEI Number: 65-0288014 ☐ 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
FRANCO, CLAUDIO SIMOES 7424 BYRON #15 B MIAMI BEACH FL 33141	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GODINHO, ANTONIO CARLOS	1.2 NAME	
STREET ADDRESS	RUA MIRACEMA 33	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN PAULO, BRASIL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	GODINHO, JOSE MAURICIO	2.2 NAME	
STREET ADDRESS	RUA MIRACEMA 128	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN PABLO, BRASIL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	ANGELI, JOSE CARLOS	3.2 NAME	
STREET ADDRESS	AVE. ARICANDUVA 11600	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN PABLO, BRASIL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	CARDOSO, LUIS CARLOS	4.2 NAME	
STREET ADDRESS	RUA SAN FRABNCISCO DO	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN PABLO, BRASIL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: X _____ Jose Carlos Angeli 571-9266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0144601 CP