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 MAY -1 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S98298** **(0)**

1. Corporation Name

FORTY ONE TRADE CORPORATION

Principal Place of Business	Mailing Address
6555 NW 36TH ST #222 MIAMI FL 33166 US	151 MAJORCA AVE SUITE C CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/06/1991**

3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business	2a. Mailing Address
21 6595 NW. 36 St.	26 6595 NW 36 St.
Suite, Apt. #, etc. 22 Suite 109	Suite, Apt. #, etc. 27 Suite # 109
City & State 23 Miami, FL.	City & State 28 Miami, FL
Zip 24 33166 25 Country USA	Zip 29 33166 30 Country USA.

4. FEI Number: **65-0299725** ☐ 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

FERNANDEZ, EDUARDO
520 BRICKELL KEY DRIVE
SUITE 305
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Gabriel Prats

82 Street Address (P.O. Box Number is Not Acceptable)

83 151 Majorca Avenue, Suite C

84 City: Coral Gables FL 85 Zip Code: 33134

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 607.1505, Florida Statutes.

SIGNATURE: _____ (Date) (Registered Agent's Signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	11 TITLE	PDST ☒ Change ☐ Addition
1 NAME	ARMDLIN, RICARDO	12 NAME	RICARDO ARMELIN
1 STREET ADDRESS	6555 NW 36 ST.	13 STREET ADDRESS	6595 N.W. 36 Street, Suite 109
1 CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami, FL 33166
2 TITLE		21 TITLE	☐ Change ☐ Addition
2 NAME		22 NAME	
2 STREET ADDRESS		23 STREET ADDRESS	
2 CITY ST ZIP		24 CITY ST ZIP	
3 TITLE		31 TITLE	☐ Change ☐ Addition
3 NAME		32 NAME	
3 STREET ADDRESS		33 STREET ADDRESS	
3 CITY ST ZIP		34 CITY ST ZIP	
4 TITLE		41 TITLE	☐ Change ☐ Addition
4 NAME		42 NAME	
4 STREET ADDRESS		43 STREET ADDRESS	
4 CITY ST ZIP		44 CITY ST ZIP	
5 TITLE		51 TITLE	☐ Change ☐ Addition
5 NAME		52 NAME	
5 STREET ADDRESS		53 STREET ADDRESS	
5 CITY ST ZIP		54 CITY ST ZIP	
6 TITLE		61 TITLE	☐ Change ☐ Addition
6 NAME		62 NAME	
6 STREET ADDRESS		63 STREET ADDRESS	
6 CITY ST ZIP		64 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 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 1 or 11 above, or on an attachment with an address.

SIGNATURE: _____ (305) 871-9007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0137004 CP