SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 31 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V28735** **(1)**

1. Corporation Name

GUIMA'S TRADING, INC.

Principal Place of Business	Mailing Address
4457 PURDY LN STE. A W. PALM BCH. FL 33406 US	4457 PURDY LN. STE. A W. PALM BCH. FL 33406 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/15/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: ~~APPLIED FOR~~ 65-0327394 ☐ 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

NASCIMIENTO, JOSE RENATO PORTHINO DO
~~12950 PENNYPACKER TRAIL~~
~~#5~~
~~WELLINGTON FL 33414~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4457 Purdy Lane Ste A
83
84 City: West Palm Beach FL 85 Zip Code: 33406

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	DP	11 TITLE	☒ Change ☐ Addition
NAME	NASCIMENTO, JOSE R	12 NAME	
STREET ADDRESS	~~12950 PENNYPACKER TRAIL, #5~~	13 STREET ADDRESS	4457 Purdy Ln Ste A
CITY-ST-ZIP	~~WELLINGTON FL~~	14 CITY-ST-ZIP	West Palm Beach, Fl. 33406
TITLE	DV	21 TITLE	☒ Change ☐ Addition
NAME	NASCIMENTO, ALADIA C	22 NAME	
STREET ADDRESS	~~12950 PENNYPACKER TRAIL, #5~~	23 STREET ADDRESS	4457 Purdy Ln Ste A
CITY-ST-ZIP	~~WELLINGTON FL~~	24 CITY-ST-ZIP	West Palm Beach, Fl. 33406
TITLE	~~D~~	31 TITLE	☒ Change ☐ Addition
NAME	~~QUIMARAES, RICHARD JOVER~~	32 NAME	
STREET ADDRESS	~~121 S.E. 1ST ST. #510~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	34 CITY-ST-ZIP	
TITLE	~~D~~	41 TITLE	☒ Change ☐ Addition
NAME	~~NASCIMENTO, ALADIA OOOTA~~	42 NAME	
STREET ADDRESS	~~121 S.E. 1ST ST. #510~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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) J. R. Nascimento NASCIMENTO, JOSE R 7/26/95 (407) 968-8697
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0146072 FP