*** FILE NOW. FILING FEE AFTER MAY 1 IS $225.00 ***

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/08/95--01057--021
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

1. Corporation Name: FORTY'S TRADING CORP.

DOCUMENT #: V44613

Mailing Address: 141 NE 3RD Street, SUITE 206, MIAMI - FL - 33132

Principal Place of Business: 141 NE 3RD Street, Suite 206, MIAMI - FL - 33132

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address (21)
Suite, Apt #, etc (22)
City & State (23)
Zip (24) Country (25)

2a. Principal Place of Business (26)
Suite, Apt #, etc (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualified

3a. Date of Last Report

4. FEI Number: 65-0339361 — Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Annual Fee Required ☐

6. Electronic Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
THOMPSON, DISNEY D.
34 SE 2ND AVE
SUITE 414
MIAMI FL 33131

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: REGISTERED AGENT — DATE: 04/28/95
Registered Agent Acceptance (R.A.) Registered Agent signature required when resigning

12. OFFICERS AND DIRECTORS

11 TITLE	D
12 NAME	LANRIA, JOSE ESTEVAN
13 STREET ADDRESS	20409 NE 10TH COURT ROAD
14 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179
21 TITLE	D
22 NAME	LANRIA, SANIRA A
23 STREET ADDRESS	20409 NE 10TH COURT ROAD
24 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property required by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 04/28/95 — 372624
SIGNATURE MUST BE ON PRESIDENT OR OTHER OFFICER OR DIRECTOR