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 JUL 19 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V48210** (1)

1. Corporation Name

GROUP INTERNATIONAL TRADING, INC.

Principal Place of Business	Mailing Address
7907 N.W. 53RD STREET # 337 MIAMI FL 33166	7907 N.W. 53RD STREET # 337 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/07/1992
3a. Date of Last Report: 06/10/1994

2. Principal Place of Business	2a. Mailing Address
21 7880 NW 62nd St	26 7880 NW 62nd St
Suite, Apt. #, etc. 22 Miami Fla	Suite, Apt. #, etc. 27 Miami Fla.
City & State 23	City & State 28 33176
Zip 24 33176 Country 25	Zip 29 Country 30

4. FEI Number: 65-0350856 ☐ 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

GALARDI, DINO G.
2900 BRIDGEPORT AVE.
SUITE 200
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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	TRUSCELLO, SALVATORE A.	1.2 NAME		
STREET ADDRESS	7907 N.W. 53 ST., # 337	1.3 STREET ADDRESS	- 7880 NW 62nd St	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	- Miami Fla 331-66	
TITLE	VD	2.1 TITLE		☑ Change ☐ Addition
NAME	TRUSCELLO, EDWARD J.	2.2 NAME		
STREET ADDRESS	7907 N.W. 53 ST., # 337	2.3 STREET ADDRESS	- 7880 NW 62nd St	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	- Miami Fla 331-66	
TITLE	SD	3.1 TITLE		☑ Change ☐ Addition
NAME	TRUSCELLO, JOSEPH M.	3.2 NAME		
STREET ADDRESS	7907 N.W. 53 ST., # 337	3.3 STREET ADDRESS	- 7880 NW 62nd St.	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	- Miami Fla 331-66	
TITLE	TD	4.1 TITLE		☑ Change ☐ Addition
NAME	TRUSCELLO, EDWARD J, JR.	4.2 NAME		
STREET ADDRESS	7907 N.W. 53 ST., # 337	4.3 STREET ADDRESS	- 7880 NW 62nd St	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	- Miami - Fla 331-66	
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: Salvatore A. Truscello SALVATORE A. TRUSCELLO 7/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
592-5870

0192003 CP