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 5:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V64553** **(3)**

1. Corporation Name
COMMODITIES AND TRADING INTERNATIONAL INC.

Principal Place of Business	Mailing Address
1221 BRICKELL AVENUE SUITE 915 MIAMI FL 33131	1221 BRICKELL AVENUE SUITE 915 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/17/1992**
3a. Date of Last Report: **03/08/1994**

(2) Principal Place of Business	2a. Mailing Address
21 5887 SUNSET DRIVE	26 5887 SUNSET DRIVE
Suite, Apt. #, etc 22 SUITE S4	Suite, Apt. #, etc. 27 SUITE S4
City & State 23 MIAMI - FLORIDA	City & State 28 MIAMI - FLORIDA
Zip / Country 24 33143 / 25 USA	Zip / Country 29 33143 / 30 USA

4. FEI Number: **65-0365902** ☐ 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

LYLEN, IAN J
1925 BRICKELL AVE
SUITE D-207
MIAMI FL 33129

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	VICE PRESIDENT (V-P)	☐ Change ☒ Addition
NAME	CORIAT, RICHARD	12 NAME	CORIAT, JOELLE	
STREET ADDRESS	1221 BRICKELL AVENUE, SUITE 915	13 STREET ADDRESS	5887 SUNSET DRIVE - SUITE S4	
CITY ST ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		21 TITLE	PRESIDENT & DIRECTOR (PD)	☒ Change ☐ Addition
NAME		22 NAME	CORIAT RICHARD	
STREET ADDRESS		23 STREET ADDRESS	5887 SUNSET DRIVE - SUITE S4	
CITY ST ZIP		24 CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		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		

14. I do hereby certify that the information supplied with this filing is complete, accurate 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 report or supplemental 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: [signature] RICHARD B. CORIAT 3/23/95 (305)662-1037
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED Date Daytime Phone Number

0128081 CP