FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 5:01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V72092 (2)

1. Corporation Name

LYSA TRADING IMPORT AND EXPORT CORP.

Principal Place of Business	Mailing Address
1001 S.W. 63 AVE. MIAMI FL 33144	1001 S.W. 63 AVE. MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/19/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0367925	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. 199.042 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 365 NW. 85ct	26 365 NW 85ct
22 Suite, Apt. # etc.: 1201	27 Suite, Apt. # etc.: 1201
23 City & State: Miami- Florida.	28 City & State: Miami- Florida
24 Zip: 33126 25 Country: USA	29 Zip: 33126 30 Country: USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAMPOS, LAURA 1001 S.W. 63 AVE. MIAMI FL 33144	81 Name: Campos Laura 82 Street Address (P.O. Box Number is Not Acceptable): 365 NW 85 ct #1201 83 84 City: Miami- Fl FL 85 Zip Code: 33126

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 Laura Campos. 4-27-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	TITLE	PSD.	☑ Change ☐ Addition
NAME	CAMPOS, LAURA	NAME	LAURA CAMPOS	
STREET ADDRESS	1001 S.W. 63 AVE.	STREET ADDRESS	365 NW 85ct #1201	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami Fl 33126	
TITLE	VD	TITLE	VD	☑ Change ☐ Addition
NAME	DIEPPA, CECILIA	NAME	Dieppa, Cecilia	
STREET ADDRESS	1001 S.W. 63 AVE.	STREET ADDRESS	365 Nw 85 ct #1201	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami- Fl 33126	
TITLE	TD	TITLE	TD	☑ Change ☐ Addition
NAME	AMOROSSI, MARIA	NAME	Amorosi Maria	
STREET ADDRESS	1001 S.W. 63 AVE.	STREET ADDRESS	365 NW 85 ct #1201	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami- Fl 33126	
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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: Laura Campos 4-27-95 (305) 262-2392

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

0187197 CP