

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT #
 I. CORPORATION NAME
AD TRADING CORP.

Q 30782

Principal Place of Business Mailing Address

c/o MANUEL DUARTE **P.O. BOX 52-4343**
~~2810 NW 79th AVE~~ **1410 NW 82 MIAMI, FL 33152-4343**
MIAMI, FL. ~~33122~~ 33126 AVE

2. Principal Street of Business 2a. Mailing Address

21 1410 NW 82 AVENUE **2a**

State and etc. Suite, Apt. #, etc.

22 MIAMI, FL **27**

City & State

24 33126 **25 DADE** **28** **30**

Zip County Zip Country

3. Date Incorporated or Qualified **03/29/1983** 3a. Date of Last Report **1996**

4. FEI Number **59-2273576** 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**

7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

DUARTE, MANUEL
~~2810 NW 79th AVENUE~~ **1410 NW 82 AVENUE**
MIAMI, FL. ~~33122~~ 33126

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **85 FL** **86 Zip Code**

I, the undersigned, being duly qualified and sworn, hereby certify that 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 _____

12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE	
12.1 NAME	PTD DUARTE, MANUEL
12.2 STREET ADDRESS	2810 NW 79 AVE. MIAMI, FL 33122
12.3 CITY-STATE-ZIP	
12.4 TITLE	
12.5 NAME	SMD DUARTE, ANA
12.6 STREET ADDRESS	2810 NW 79 AVE., MIAMI, FL. 33122
12.7 CITY-STATE-ZIP	
12.8 TITLE	
12.9 NAME	
12.10 STREET ADDRESS	
12.11 CITY-STATE-ZIP	
12.12 TITLE	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY-STATE-ZIP	
12.16 TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
13.1 FILE	<input checked="" type="checkbox"/>
13.2 NAME	PTD DUARTE, MANUEL
13.3 STREET ADDRESS	1410 NW 82 AVENUE MIAMI, FL 33126
13.4 CITY-STATE-ZIP	
13.5 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	SMD DUARTE, ANA
13.7 STREET ADDRESS	1410 NW 82 AVENUE, MIAMI, FL 33126
13.8 CITY-STATE-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 TITLE	
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	
13.21 TITLE	

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information provided is true and accurate and that my signature shall have the same legal effect as if made under oath. I am familiar with, and accept the obligations of, Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an Attachment with an address.

SIGNATURE: U. Duarte **M. DUARTE** **4-25-98**

(305) 811-8726

CR2E04 (9/95)