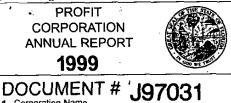
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

WEAVER TRADING COMPANY

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90204 016 ***150.00



Principal Place of Business Mailing Address				L (BELLIE ERIE IBILL IBBLI GRIUD ALIER HER ARBEI BIBLI BERLI BIBLI	
1 00 SE 2ND ST - 1 00 SE 2ND ST			·		
9TE-9790-			DO NOT MIDITE IN THIS SPACE		
MIAMI FL 33130-			DO NOT WRITE IN THIS SPACE		
US		US-		3. Date Incorporated or Qualifed	}
		The Review Aldress		10/07/1987 - Ap	plied For
	iace of Business	2a. Mailing Address	. A	1	t Applicable
21 70 1	Brichell Huenve	26 701 Brickell	Huenve	65-0011174 No. 38.75	
Suite, Apt	#,,etc.	Suite, Apt. #, etc.	بالهمين سندوره وع	- 5. Certificate of Status Desired Fee Re	I .
22 2006 27 2000 City & State City & State			6. Election Campaign Financing \$5.00		
		40	Trust Fund Contribution Added	1	
		Country	8. This corporation owes the current year Intangible		
		29 33 13 1 30	ÚSΑ	Personal Property Tax.	□No
24 551:	9. Name and Address of Current			10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Again. 81 Name					
1900 SERMONST TO I IS CICLETT FINANCE			00 00 00	ID O. Boy Number in Net Assessable)	
			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	Ì
			83		
AAIM	ALFL-33130	ી સ્થારા			
	i liami,	. 33.0.	84 City	FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes, the	e above-named com	oration submits this statement for the purpose of changing its	registered
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.					
agent. i a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida S	natutes.		1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regist	ered Agent signature require	d when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ORS IN 12
TITLE	PD	☐ DELETE 1	.1 TITLE	; Change	☐ Addition
NAME	ALTAMIRANO, FABRICIO	1	2 NAME	• •	ļ
STREET ADDRESS	44 W FLAGER ST 18 FLR.	1	3 STREET ADDRESS	4.	ĺ
CITY-ST-ZIP	MIAMI FL	1	.4 CITY-ST-ZIP	·	
TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ DELETE 2	1 TITLE	☐ Chănge	☐ Addition }
NAME		2	.2 NAME		
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CITY-ST-ZIP		2	4 CITY-ST-ZIP	The second secon	
TITLE		☐ DELETE 3	.1 TITLE	☐ Change	☐ Addition
NAME	<u>.</u>	3	.2 NAME		
STREET ADDRESS	i .	3	.3 STREET ADDRESS		
CITY-ST-ZIP	, ,	3	.4. CITY+ST-ZIP		
TITLE		☐ DELETE 4	,1 TITLE	Change	☐ Addition
NAME		4	. 2 NAME	,	
STREET ADDRESS	,	4	.3 STREET ADDRESS		
CITY-ST-ZIP			4 CITY-ST-ZIP		
TITLE		☐ DELETE 5	.1 TITLE	Change	☐ Addition
NAME		5	2 NAME		
STREET ADDRESS		5	.3 STREET ADDRESS		{
CITY-ST-ZIP			4 CITY-ST-ZIP		
TITLE		☐ DELETE 6	1.1 TITLE	☐ Change	☐ Addition \
NAME		6	2 NAME		
STREET ADDRESS	J		3 STREET ADDRESS		
2 LYCE I YOU'LE 33	\	■ *	1		I

14. I hereby certify that the information supplied with this filing 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 suppliemental 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, with all other like empowered.

SIGNATURE: