1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000008840

Corporation Name

CORNERSTONE TRADING CORPORATION

Principal Place of Business Mailing Add			tress							
10621 N. KENDALL DRIVE			10621 N KENDALL DRIVE				ļ			
SUITE 113 MIAMI FL 33176		SUITE 113	MIAMI FL 33176				DO NOT WRITE IN THIS SPACE			
US		US					3.	Date Incorporated or Qualifed		
								02/04/1993]
2 Principal P	lace of Business	2a, Mailing	g Address				4.	FEI Number	Apr	plied For
21		26						65-0388555	Not	t Applicable
Suite, Apt.	#, etc.		Apt. #, etc				Ţ	Certificate of Status Desired	\$8.75 A	
22		27					5.	Certificate of Status Desired	Fee Rec	quired
City & Stat	e	City &	State				6.	Election Campaign Financing	\$5.00	· · · · · · · · · · · · · · · · · · ·
23		28						Trust Fund Contribution	Added to	o Fees
Zip	Country	Zıp		Country	/		8.	This corporation owes the current year		
24	25	29	3	30			1	Personal Property Tax.		□No
	Name and Address of Curr	ent Registered A	\gent		1		10.	Name and Address of New Registe	red Agent	
				81		Name				
	ER, WILLIAM J			82	+	Street Addre	ss (F	P.O. Box Number is Not Acceptable)		
	SW 107TH AVENUE									
MIAN	/II FL 33173			83	1					
				84	+	City			85 Zip C	Code
					_			n submits this statement for the purpos	_ , ,	registered
affice or r	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered	te of Florida, Such igations of, Section	h change was aut in 607.0505, Florid	thorized by da Statutes	/ th s.	ne corporation	n s Do	oard of directors. Thereby accept the a	ppomiment as reg	
12.		AND DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PSD		☐ DELETE	1 TITLE					☐ Change	Acdition
NAME	MILLER, WILLIAM J			1.2 NAME						
STREET ADDRESS	ARREST CONTRACTOR AND	UITF 112		13 STREE	T Al	DORESS				
CITY-ST-ZIP	MIAMI FL 33173	0		1.4 CITY-S						
TITLE	1117 (1111 7 2 30 17 3		☐ DELETE	2 1 TITLE		-			Change	Acdition
NAME				22 NAME						
STREET ADDRESS				23 STREE	ET AI	DDRESS				
				2 4 CITY-	ST-	. ZIP				
CITY-ST-ZIP			☐ DELETE	3 : TITLE					☐ Change	☐ Addition
NAME				3.2 NAME						
STREET ADDRESS				33 STREE		UDDRESS				
				34 CITY-						
CITY-S1-ZIP			DELETE	4 1 TITLE	311	11.			Change	Addition
				4 2 NAME		ļ				
NAME ATTENT LABORESS				43 STREE		IDDRESS				
STREET ADDRESS				4.4 CITY-5						
CITY-ST-ZIP			☐ DELETE	51 TITLE:	21.4	2117			Change	Addition
TITLE				5 2 NAME					~	1
NAME				5.3 STREE		DDRESS				
STREET ADORESS				5.4 CITY-9		Ĭ				1
CITY-S1-ZIP			☐ DELETE	61 TITLE	J1 - Z				Change	noitit bA
) IIIIE	1		- OCCC	N		Y Y			_ ,	_

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 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 changes, on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

MMMULL WILLIAM J. MILLON ATTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 13.1999

305-271-8054

FILED

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90043 030 ***150.00

R2E034 (11/98)