

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90005 038 \*\*\*150.00

0063601

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000029108** ✓  
 1. Corporation Name  
**CEDAR HILLS TRADING CORP.**



Principal Place of Business 5103 CORONADO RIDGE SUITE 123 BOCA RATON FL 33486 US	Mailing Address P.O. BOX 475 SUITE 123 DEERFIELD BEACH FL 33443 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1500 W. Cypress Creek Rd</b>	2a. Mailing Address 26 <b>SAME</b>
Suite, Apt. #, etc. 22 <b>403</b>	Suite, Apt. #, etc. 27
City & State 23 <b>Ft. Lauderdale FL</b>	City & State 28
Zip 24 <b>33309</b>	Country 25 <b>USA</b>
	Zip 29
	Country 30

3. Date Incorporated or Qualified <b>04/20/1993</b>	
4. FEI Number <b>65-0404323</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**BARON, LLOYD A**  
**3200 UNIVERSITY DR.**  
**SUITE 203**  
**CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent  
 81 Name **ROBERT F. MAHONEY**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**3801 NORTH FEDERAL HWY**  
 83  
 84 City **Pompano Bch** FL 85 Zip Code **33064**

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 **ROBERT F. MAHONEY** DATE **7/5/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KROEFF, PAULO S.</b>	
STREET ADDRESS	<b>5103 CORONADO RIDGE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

# Cedar Hills Trading Corp.

1500 Cypress Creek Rd. Suite 403

Ft. Lauderdale, FL 33309

tel: (954) 491-2366 fax: (954) 491-3632 e-mail: [chtc@mindspring.com](mailto:chtc@mindspring.com)

588654-90005-38  
P93000029108

July 8, 1999

Division of Corporations  
Annual Reports Filings  
P.O.Box 6327  
Tallahassee, FL 32314

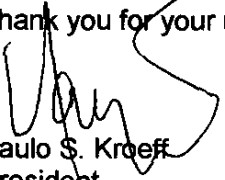
Dear Sir/Madam:

In November of 1998 Cedar Hills Trading Corp. moved its principal place of business from Palm Beach County to Broward County where it is currently located.

Evidently our address change was not picked up at the time you sent out the annual report notice and we did not receive it. Cedar Hills did advise your office of this change as evidenced by your 2<sup>nd</sup> notice having reached us at the right address.

Accordingly, I am enclosing a check for \$150.00 for this report and I am requesting the late charges be waived.

Thank you for your understanding.

  
Paulo S. Kroeff  
President