

**FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
FILED

95 MAY -1 AM 10:15

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000040257 (5)**

1. Corporation Name

**A.A. TRADING & INVESTMENT, CORP.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8150 SW 8 ST., STE. 218  
MIAMI FL 33141

8150 SW 8 ST., STE. 218  
MIAMI FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/27/1994**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **6303 BLUE LAGOON DR.**

2a **6303 BLUE LAGOON DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **465**

27 **465**

City & State

City & State

23 **MIAMI FL**

28 **MIAMI FL**

Zip

Country

Zip

Country

24 **33126**

25 **DADE**

29 **33126**

30 **DADE**

4. FEI Number

**65-0555854**

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 Ch. 199, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VARELA, NICOLAS  
8150 SW 8 ST., STE. 218  
MIAMI FL 33141

81 Name

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

83

84 City

**FL**

85 Zip Code

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

Signature of the current registered agent or the corporation

Signature of the new registered agent, if applicable

Date

12. OFFICERS AND DIRECTORS

|                |                                |
|----------------|--------------------------------|
| TITLE          | D                              |
| NAME           | VARELA, NICOLAS                |
| STREET ADDRESS | 2715 SW 88 AVE.                |
| CITY, ST, ZIP  | MIAMI FL 33165                 |
| TITLE          | D                              |
| NAME           | LOUBEAU, PIERRE                |
| STREET ADDRESS | 6303 BLUE LAGOON DR., STE. 420 |
| CITY, ST, ZIP  | MIAMI FL 33126                 |
| TITLE          | D                              |
| NAME           | CAIENES, JOSE                  |
| STREET ADDRESS | 6303 BLUE LAGOON DR., STE. 420 |
| CITY, ST, ZIP  | MIAMI FL 33141                 |
| TITLE          | D                              |
| NAME           | QUANT, EDUARDO                 |
| STREET ADDRESS | 6303 BLUE LAGOON DR., STE. 420 |
| CITY, ST, ZIP  | MIAMI FL 33141                 |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY, ST, ZIP  |                                |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY, ST, ZIP  |                                |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 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  |   |

NO LONGER WITH OUR COMPANY

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)(b), 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: *Nicolas Varela* - PRESIDENT

4/27/95