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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047405 (1)

ROBBAD TRADING CORP.

Principal Place of Business

Mailing Address

FILED May 08 1998 8:00am Secretary of State



101 CRANDON BLVD. BUITE 366 KEY BISCAYNE FL 33149		P.O. BOX 1185 KEY BISCAYNE FL 33149 US			DO NOT WRITE IN TH	HIS SPACE		
					 Date Incorporated or Qualified 06/04/1996 			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21 1102	Q N. Vendal Dr.	26			65-0669216		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	dditional	
City & Stat	le .	City & State			6. Election Campaign Financing	\$5.00	·	
23 M A	in FLORION.	28			Trust Fund Contribution	Added to	•	
24 33 3	76 25 Country	Zip 3	Country		This corporation owes or has paid the Personal Property Tax due June 30.		ingible No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent		
ABBAD, JOSE 81 Name								
101 CRANDON BLVD.				eet Addres	s (P.O. Box Number is Not Acceptable)			
SUITE 366				82 Street Address (P.O. Box Number is Not Acceptable)				
KEY BISCAYNE FL 33149								
			84 City			00 7:- 0	\ada	
			OT CITY	у	F	85 Zip C	ode	
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 typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		S IN 12	
TITLE	β	DELETE	1.1 TITLE	147	CESIDERIT	Change	Addition	
NAME .	DIAZ, ROBERTO		.1.2 NAME	1^{\prime}	ose Asbad			
STREET ADDRESS	P.O. BOX 1185 N/A		1.3 STREET ADDRE	ss 🛈				
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY+ST-ZIP	`` <u>`</u> 1	P.O. BOX 1185, an	i Ami Fl	331144	
TITLE	VP	DELETE	2.1 TITLE			Change	Addition	
NAME	DIAZ, JOSE		2.2 NAME			_ •		
STREET ADDRESS	P.O. BOX 1185 N/A		2 3 STREET ADDRE	ess l				
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAME			- •		
STREET ADDRESS			3.3 STREET ADDRES	SS				
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP					
TITLE		DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRES	ss			l	
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE		☐ DELETE	5.1 TITLE	1		Change	Addition	
NAME			5.2 NAME			_ •		
STREET ADDRESS			5.3 STREET ADDRES	ss				
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE	 		☐ Change	Addition	
NAME			6.2 NAME			- -	_	
STREET ADDRESS	`		6.3 STREET ADDRES	ss				
CITY-ST-ZIP	\		6.4 CITY - ST - ZIP					
14. I hereby o	certify that the information supplied with	his filing does not qualify for the	he exemption st	tated in Se	ction 119.07(3)(i), Florida Statutes. I further	certify that the in	nformation	
indicated on this agreed to supplemental a qual report is true and accurate and that my signature shall have the same logal effect as if made under each; that I am an officer or director of the corporation or trusted 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 attachnical with an addiess								