

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000080524 (7)

1. Corporation Name
NAHUEL TRADING CORP.

Principal Place of Business 6085 NW 167TH STREET STE B-12 MIAMI LAKES FL 33015	Mailing Address 782 NW LEJEUNE RD. SUITE 434 MIAMI FL 33126 US
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DO NOT WRITE IN THIS SPACE

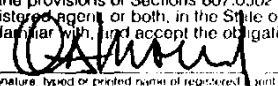
2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 09/27/1986	4. FEI Number 65-0731985	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	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No		

9. Name and Address of Current Registered Agent CALVEIRA, JAVIER 6085 NW 167TH STREET STE B-12 MIAMI LAKES FL 33015
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10. Name and Address of New Registered Agent
81 Name OSCAR MOURAS
82 Street Address (P.O. Box Number is Not Acceptable) 6085 NW 167 ST, B-12
83
84 City Miami Lakes FL 85 Zip Code 33015

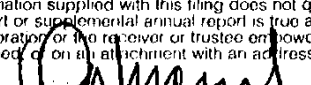
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  OSCAR MOURAS DATE 1/14/98
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP	
NAME	MOURAS, OSCAR	
STREET ADDRESS	6085 NW 167TH STREET STE B-12	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	VD	
NAME	MOURAS, HUGO D	
STREET ADDRESS	6085 NW 167TH STREET STE B-12	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	SD	
NAME	DE MOURAS, ELISA B	
STREET ADDRESS	6085 NW 167TH STREET STE B-12	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE	TD	
NAME	MOURAS, NATALIA C	
STREET ADDRESS	6085 NW 167TH STREET STE B-12	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
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 the attachment with an address.

SIGNATURE:  DATE 1/14/98 305-448-3323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0543841

CR2E034 (10/97)