

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

FILED

98 APR 21 PM 12: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000012671 (8)

1. Corporation Name

CHEESE TRADING CO.

Principal Place of Business

1090 NW 23 STREET
MIAMI FL 33125

Mailing Address

1090 NW 23 STREET
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1997

4. FEI Number

65-0729535

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1283

10. Name and Address of New Registered Agent

81 Name

Filena Fernandez

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

1090 NW 23 Street

83

84 City

Miami

FL

85

Zip Code
33127

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

Filena Fernandez
Signature, typed or printed name of registered agent and the if applicable

Filena Fernandez

3.9.98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D YELLEMA, ABEL
STREET ADDRESS
1090 NW 23 ST
CITY-ST-ZIP
MIAMI FL 33125

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME
Jellema, Abel
1.3 STREET ADDRESS
1090 NW 23 Street
1.4 CITY-ST-ZIP
Miami, FL 33127

2.1 TITLE VP/S/T ☐ Change ☒ Addition

2.2 NAME
Filena, Fernandez
2.3 STREET ADDRESS
1090 NW 23 Street
2.4 CITY-ST-ZIP
Miami, FL 33127

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
300002498873--2
3.3 STREET ADDRESS
-04/24/98--01008--016
3.4 CITY-ST-ZIP
****150.00 ****150.00

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 to an address.

SIGNATURE:

Abel Jellema

3/9/98

CR2E034 (10/97)