


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90115 017 ***150.00

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P98000099209

1. Corporation Name
DYNAMIC TRADING CO.



| | |
|---|---|
| Principal Place of Business 12224 SW 115TH TERRACE MIAMI FL 33188 | Mailing Address 12224 SW 115TH TERRACE MIAMI FL 33188 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|----------------|---------------------|-------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | 2575 SW 27 Ave | 28 | 7930 SW 36 Street | 11/25/1998 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 Apt 510 | | 27 23-348 | | 65-09087275 | |
| City & State | | City & State | | Applied For | |
| 23 Miami FL | | 28 Miami FL | | Not Applicable | |
| Zip | | Zip | | 5. Certificate of Status Desired | |
| 24 | 33133 | 29 | 33166 | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Country | | Country | | 6. Election Campaign Financing Trust Fund Contribution | |
| 25 | | 30 | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 26 | | 31 | | 8. This corporation owes the current year intangible Personal Property Tax. | |
| 27 | | 32 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

VAZQUEZ, HECTOR
 1800 WEST 49TH STREET
 SUITE 213
 HIALEAH FL 33012

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HORTA, NOBERTO A | |
| STREET ADDRESS | 12224 SW 115TH TERRACE | |
| CITY-ST-ZIP | MIAMI FL-33188 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | TORO, RUEBN | |
| STREET ADDRESS | 12224 SW 115TH TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33188 | |
| 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 checked="" type="checkbox"/> Addition |
| 2.2 NAME | VD Sonia Goodman |
| 2.3 STREET ADDRESS | 1717 North Bay Shore Dr. Apt 4234 |
| 2.4 CITY-ST-ZIP | Miami FL 33130 |
| 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/29/99 (305) 807-5888

CR2E034 (1/98)