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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90131 028 ***158.75

DOCUMENT # S01155 1. Corporation Name SELECTRADING INC

Principal Place of Business 12491 SW 77TH ST MIAMI FL 33183 US		Mailing Address	
		P.O. BOX 830202 MIAMI FL 33183 US	
21	ace of Business	2a, Mailing Addre	
Suite, Apt. #	·	26 Suite, Apt. #,	
Suite, Apt. # 22 City & State	t, etc.	26 Suite, Apt. #, 27 City & State	
Suite, Apt. #	t, etc.	26 Suite, Apt. #,	

DO NOT WRITE IN THIS SPACE				
3. Date Incorporated or Qualifed 09/11/1990				
4. FEI Number		Applied For		
65-0219099		Not Applicable		
 5. Certifcate of Status Desired	K	\$8.75 Additional Fee Required		
Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
This corporation owes the curre Personal Property Tax.	ent year I	ntangible		

10. Name and Address of New Registered Agent JUNCADELLA, SALVADOR J., III 82 Street A 12491 SW 77TH STREET MIAMI, 33186 83 City

Address (P.O. Box Number is Not Acceptable	le)			
	- -			
		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, typed or pnoted name of registered agent and title if applicable. (NOTE: R	egistered Agent signature rec	required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JUNCADELLA, SALVADOR III	12 NAME	
STREET ADDRESS	12491 SW 77TH DT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	1.4 CITY-ST-ZIP	
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	,
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
בותוד.	☐ DELETE	6,1 TITLE	☐ Change ☐ Addition
*****		6.2 NAME	
STREE! ADDRESS		6.3 STREET ADDRESS	
I.T. ST-ZIP		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 rapert or supplementation in the 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 or potention or the report of 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 or pages, or so an appear with an address, with all other like empowered.

SIGNATURE:

EXM HOLDEN HCADEN A PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR