

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 22 1996 8:00 am  
Secretary of State

DOCUMENT # **V05732 (5)**  
1. Corporation Name  
**LIMA TRADING, INC.**



Principal Place of Business

150 S.E. 2ND AVE.  
SUITE 709  
MIAMI FL 33131  
US

Mailing Address

150 S.E. 2ND AVE.  
SUITE 709  
MIAMI FL 33131  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country

3. Date Incorporated or Qualified  
**01/10/1992**

3a. Date of Last Report  
**01/13/1995**

4. FEI Number

**65-0369151**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**LIMA, PAULO ROBERTO**  
**150 S.E. 2ND AVE.**  
**SUITE 709**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

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 by officer or director of corporation (delete if not applicable)

(If filed) Registered Agent signature required when resigning

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PT

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

**LIMA, PAULO ROBERTO**  
**150 S.E. 2ND AVE., SUITE 709**  
**MIAMI FL**

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-STATE-ZIP

1.4 CITY-STATE-ZIP

TITLE

V

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

**LIMA, SOLANGE M**  
**150 S.E. 2ND AVE., SUITE 709**  
**MIAMI FL**

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-STATE-ZIP

2.4 CITY-STATE-ZIP

TITLE

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-STATE-ZIP

3.4 CITY-STATE-ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*[Signature]*

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96 (305) 375-0006

CR2E034 (12/95)