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

PROFIT CORPORATION ANNUAL REPORT

1997

14. I do hereby certify that the information information indicated on this annual re-

SIGNATURE:

Lam an officer or director of the corp appears in Block 12 or Block 13 if supplied with this full port or supplemental ration or the received

neat with an address.

A SIGNING OFFICER OR DIRECTOR

ianged, or on ar



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 25 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 114695

(0)

## MIAMI TRADING COMPANY INCORPORATED

						alli fili fili fili a		
Principal Place of Business Mailing Address					i reeren (1844 2189) erene entre straft Erry	AIBH BIBN BIĞN A		#1#31 P##1
3831 FRANTZ I MIAMI FL 3313 US	_=	3831 FRANTZ RD Miami FL 33133-6130 US						
					3. Date Incorporated or Qualified 01/01/1927	3a. Date of 03/12/1		eport
2. Principal P	lace of Business	2a. Mailing Address 26			4, FEI Number 59-0663954		<del></del>	oplied For ot Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.			5 Cortificate of Status Desired Section 1			
22		27			Fee Hequired			
City & State			City & State		6. Election Campaign Financing \$5.00 May Be			
23	Constant	28	Country	<del></del>	Trust Fund Contribution			lo Fees
Zip			` <b>├-</b> ¬		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	o Name and Address	29  of Current Registered Agent	30		10. Name and Address of New Re			
ADA	MS ,A H JR.,		81	Name				
	NE 10TH ST		82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
MIA	MI FL 33132		83			······································		
			84	City		las	7:0	Code
				City		FL [85	1 '	
office or r agent if a SIGNATURE		s 607.0502 and 607.1508, Florida Statute the State of Florida. Such change was a the obligations of, Section 607.0505, Flo				of the appoint	nent as	registered
12. OFFICERS AND DIRECTORS			13.				ECTOR	RS IN 12
TITLE	STD	DELETE	1.1 TITLE				Change	Addition
NAME	ADAMS, JOAN B		1.2 NAME					
STREET ADDRESS	3831 FRANTZ RD		1.3 STREET	ADDRESS				
CiTY - ST - ZiP	MIAMI FL		1.4 CITY-S	T-ZIP				***************************************
TITLE	VD	DELETE	2 1 TITLE				Change	☐ Addition
NAME	GAUTIER, JOSEPH		2.2 NAME					
STREET ADDRESS	3831 FRANTZ RD		23 STREET ADDRESS					
CITY - ST - ZIP			2 4 CITY-	ST-ZIP				
TITLE	<del></del>		31 TITLE	ļ		L	Change	Addition
NAME	ADAMS, JOAN		3.2 NAME					
STREET ADDRESS	AMARAI EI		3.3 STREET					
CITY-ST-71P	MIAMI FL	DELETE	3.4. CITY - !	ST- ZIP		7-1	Change	Addition
T-TLE		[] DELETE	4.1 TITLE			البا	nuaride	TT Monitroll
NAME OTOTAL APPENDAGO			4. 2 NAME	ADDRESS				
STREET ADDRESS			4.3 STREET	- 1				
CITY+S1+2IF TITLE		DELETE	4.4 CITY - S 5.1 TITLE	i-tir		ТТ	Change	Addition
NAME		_ 3.44.4	5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S	1				·
TIDLE		DELETE	6.1 DILE				Change	Addition
NAME		<u>—</u>	6.2 NAME				-	•
STREET ADDRESS			6.3 STREET	ADDRESS				
City-St-Zip			6.4 CITY-S					

no does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the innual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name