

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **229646** ✓
Corporation Name

CADUR TRADING CORP

Principal Place of Business

5 NE 2ND AVE
MI FL 33138

Mailing Address

1090 NW 23RD STREET
MIAMI FL 33127

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90012 003 ***558.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
26		26		10/30/1959	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		27		59-0898241	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
28		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		29		30	

9. Name and Address of Current Registered Agent

TEJEIRO, LUIS
4900 SW 7TH ST
MIAMI FL 33134

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	8600 SW 84 AVE.
84	City
85	Zip Code
MIAMI	FL 33143

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P TEJEIRO, JOSE A 4900 SW 7TH STREET MIAMI FL		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
VPTS TEJEIRO, LUIS 4900 S.W. 7 ST. MIAMI FL		1.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		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	

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/99 305-756-7131

CR2E034 (5/99)