

SECOND 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).

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90264 042 \*\*\*150.00  
 08-05-1999 90011 046 \*\*\*550.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



(FLORIDA DEPARTMENT OF STATE)  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 541457**

1. Corporation Name

**FREZO INTERNATIONAL TRADING CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1001 S BAYSHORE DR SUITE 2104 MIAMI FL 33131	Mailing Address 1001 S BAYSHORE DR SUITE 2104 MIAMI FL 33131
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3. Date Incorporated or Qualified  
**07/22/1977**

2. Principal Place of Business 21 <b>1001 S BAYSHORE DR</b>	2a. Mailing Address 26 <b>1001 S BAYSHORE DR</b>
Suite, Apt. #, etc. 22 <b>2014</b>	Suite, Apt. #, etc. 27 <b>2014</b>
City & State 23 <b>MIAMI - FL</b>	City & State 28 <b>MIAMI - FL</b>
Zip 24 <b>33131</b>	Country 25 <b>USA</b>
Zip 29 <b>33131</b>	Country 30 <b>USA</b>

4. FEI Number  
**59-1980076**

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 owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent

**RODRIGUEZ, FREDDY**  
**3512 BAYSHORE VILLAS, DR.**  
**COCONUT GROVE FL 33133**

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 \_\_\_\_\_ 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 P	<input type="checkbox"/> DELETE
NAME RODRIGUEZ, FREDDY	
STREET ADDRESS 3512 BAYSHORE VILLAS, DR.	
CITY-ST-ZIP COCONUT GROVE FL	
TITLE VST	<input type="checkbox"/> DELETE
NAME RODRIGUEZ, ZOE	
STREET ADDRESS 3512 BAYSHORE VILLAS, DR.	
CITY-ST-ZIP COCONUT GROVE FL	
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 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	

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 in an attachment with an address.

SIGNATURE: **X** **RODRIGUEZ, FREDDY** **7/24/99**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)