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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F47084**

1. Corporation Name

PIZARRO	TRADING GROUP, INC.					1 (4 CHICA III) CHIN CHIN CHIN CHIN CHIN CHIN CHIN CHIN	
		Ba W Address					
Principal Place of Business Mailing Address							
201 SEVILLA AVE. STE 308A		201 SEVILLA AVE. STE 308A PO BOX 143645					
PO BOX 143645 CORAL GABLES FL 33134		CORAL GABLES FL 33134				DO NOT WRITE IN THIS SPACE	
CONAL CADLES	3 (2 00.04	COMPA CHICAGO I & COMPA				3. Date Incorporated or Qualifed	
						10/02/1981	- {
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For	
21		26				59-2738275 Not Applicable	e
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22	•	27				5. Certificate of Status Desired Fee Required	_[
City & State	8 - 1: 2: <u></u>	City, & State				- 6. Election Campaign Financing \$5.00 May Be	.
23		28			_	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Coun	itry		8. This corporation owes the current year Intangible	
24	25	29 30)			Personal Property Tax. Yes No	_
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Registered Agent	_
				81	Name		
PIZARRO, JIMMY				82 Street Addr		IZARRO, GLORIA	╛
201 SEVILLA AVE. STE 308A			ľ	[52] 54.557.2		ress (P.O. Box Number is Not Acceptable) OI SEVILLA AVENUE STE. 308A	_
CORAL GABLES FL 33134			7	83			
	·	•	-	0.4	014	85 Zip Code,	\dashv
				84	City CC	ORAL GABLES, FL 85 76 Code 33134	- (
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the ab	ove	-named corp	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florida	a Statu	tes.	ne corporatio	/ /	
SIGNATURE	x CAlpino de	ViaNO.				3/26/99	ļ
مسمع	Signature, typed or printed name of registered ager	nt and tiden applicable. (NOTE, Re		Agent	signature require	red when reinstating) DATE	႕
12.		ND DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	000
TITLE	PST	☐ DELETE	1.1 TITLE			PST -	١,,
NAME	Pizarro, jimmy 3820 El Prado BlVD		1.2 NAME			GLORIA DE PIZARRO	
STREET ADDRESS		1.3 STREET ADDRESS		ADDRESS	3820 EL PRADO BLVD.		
CITY-ST-ZIP		1.4 CIT		-ZIP	COCONUT GROVE, FL. 33133	_	
ΠLE	3	☐ DELETE 2.1		2.1 TITLE		☐ Change ☐ Additi	on
NAME	22		2.2 NAM	2.2 NAME		,	
STREET ADDRESS	TREET ADDRESS		2.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP			2.4 CIT	2. 4 CITY-ST-ZIP			
TITLE ~~ ~	The second of th		'3.1 TITL	3.1 TITLE		Change Additi	on
NAME			3.2 NAME				
STREET ADDRESS		· ·	3.3 STF	REET.	ADDRESS		
CITY-ST-ZIP			3.4. CIT	3.4. CITY+ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addit	on.
NAME	4.		4. 2 NA	4. 2 NAME		•	- {
STREET ADDRESS			4.3 STF	REET.	ADDRESS		ļ
CITY-ST-ZIP		i	4.4 CIT	Y-ST	-ZIP		
TITLE			5.1 TITU			Change . Addit	JOIL
NAME	•	• • • • • • • • • • • • • • • • • • • •	5.2 NA	ME			

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 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 changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition