FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

**FILED
May 06, 1999 8:00 am
Secretary of State**

05-06-1999 90170 043 ***158.75

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DOCUMENT # F94000004761

1. Corporation Name

MADERO TRADING LTD., INC.

Principal Place of Business	Mailing Address
P.O. BOX 7547 ORLANDO FL 32854	P.O. BOX 7547 ORLANDO FL 32854

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed	09/14/1994
21	26	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-3267125	Not Applicable
22	27	5. Certifcate of Status Desired ☑	$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing ☐ Trust Fund Contribution	$5.00 May Be Added to Fees
23	28		
Zip / Country	Zip / Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No	
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEAL, TROY **277 TRISMON TERR** **WINTER PARK FL 32789**	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, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **PD**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **DEAL, TROY**		1.2 NAME	
STREET ADDRESS **277 TRISMON TER**		1.3 STREET ADDRESS	
CITY-ST-ZIP **WINTER PARK FL**		1.4 CITY-ST-ZIP	
TITLE **STD**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **FISHALOW, DORALISA**		2.2 NAME	
STREET ADDRESS **2811 CARL TERR**		2.3 STREET ADDRESS	
CITY-ST-ZIP **ORLANDO FL**		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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

SIGNATURE: _____ Troy M. Deal, Jr., Pres.   4/30/99   407/849-6420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #