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

DOCUMENT # F9700000035

MIPEC TRADING INTERNATIONAL, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90188 007 ***150.00



Principal Place of Business Mailing Address						- 1981199 1156 1811 1881 8811 8811 8811 8811 8811				liği Şili tabi	
3035 BAY SHORE		3035 BAY SHORE RD									
SARSOTA FL 342	234	SARSOTA FL 34234			DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated or Qualifed					
						01/0	3/1997				
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number			Applied For		
21		26				65-0735512			No: Applicable		
Suite, / pt. #	, etc.	Suite, Apt. #, etc.				5. Certifo	ate of Status Desired			ditional	
22		27				1			e Reg		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees		
23	Courtei	Zip	Cou	ntny		+			uea ()	1 663	
Zip	· · · · · · · · · · · · · · · · ·			i iti y			orporation owes the current year nat Property Tax.	Yes	; [□No	
24 25 29 29 9. Name and Address of Current Registered Agent			30				and Address of New Registe	red Agent			
5. Haine and Admess of Current Registered Again					Name						
LANG, KLAUS				82 Street Add		nee /D O Bo	x Number is Not Acceptable)				
	BAY SHORE RD					355 (F.O. DO	((quiliber is Not Acceptable)				
SARS	OTA FL 34234			83							
				84	City			85	Zip Co	ode	
					•			- L	·		
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.										egistered istered	
SIGNATURE											
				egistered Agent signature require			ONS/CHANGES TO OFFICER:		CTCF	RS IN 12	
12.	DCP OFFICERS AND	DELETE	13. 1.1 TF	n F		ADDIT	ONS/CHANGES TO OFFICER	Cha		Addition	
	LANG, KLAUS	_ 5222,2	1.2 N/					_	•	_	
DOOR BAY CHODE DO				1 3 STREET ADDRESS							
CARCOTA EL 24024				1.4 CITY-ST-ZIP							
CITY-ST-ZIP TITLE	V	☐ DELETE	2.1 T					☐ Chi	ange -	Addition	
	Christian Lana		2.2 N/	2.2 NAME							
NAME Christian Lang STREETADDFESS 3035 Bay Share Rd			2.3 \$7	2.3 STREET ADDRESS							
CITY ST-ZIP	SARASOTA FL 342	234	2 4 C	TY-ST	-ZIP						
TITLE	Γ '	LJ DELETE	3.1 TC	ΓLE				Ch:	ange	Addition	
NAME	Barbara Lang		3.2 NA	ME							
STREET ADDRESS 3035 Bay Shone Rd.			3.3 \$1	3.3 STREET ADDRESS							
CITY-ST-ZIP	Barbara Lang 5035 Bay Shone Rd. SARASOTA FL 34234		3.4. C	3.4. CITY-ST-ZIP							
TITLE	D DELETE		4 1 TI	41 TITLE				∏ Ch	ange	☐ Addition	
NAME /	Michael La		4. 2 N	4. 2 NAME						1	
STREET ADDF ESS	REETADDIESS 300 Euclid AV. # 101		4.3 S1	4.3 STREET ADDRESS							
CITY-ST-ZIP	Miami Seach Fl. 33137			4.4 CITY-ST-ZIP						☐ Addition	
TITLE	D DELETE			5.1 TITLE 5.2 NAME				☐ Ch	anye	☐ Addition	
NAME	refer Lang				*DDDESC						
STREET ADDITESS 2	Peter Lang 1940 Bay St. #10 San Francisco, C.4	2000			ADDRESS						
CITY-ST-ZIP	oun Trancisco, C.4	74104 □ DELETE	5.4 CI 6.1 TI	TY-ST-	- 211"			☐ Ch:		Addition	
lilite			6.2 N						-ingo		
NAME			1		ADDRESS						
STREET ADDRESS											
CITY-ST-ZIP			6.4 Cl	TY-ST-	-21		7(2)(i) Elecido Statutas I furtho				

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 Charter 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:

Law Barbara Lang

TO NAME OF SIGNING OFFICER OR DIRECTOR