03-10-1999 90038 029 \*\*\*150.00

## 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 # F9700002709

<ol> <li>Corporation</li> </ol>	Name						
ISABELA	TRADING COMPANY INC.						
					I LABOLAN TOER PRODUCTION AND ARREST RACES RACES		
Principal Place	of Business	Mailing Address				. 98119 (181) (1861) 1	A D
137-04 SW 109 CT. 137-04 SW 109 CT.							
MIAMI FL 33176 MIAMI FL 33176							
					DO NOT WRITE IN THI	S SPACE	
					3. Date incorporated or Qualifed		ļ
					05/21/1997	A=	- Ind For
	ace of Business	2a. Mailing Address			4. FEI Number	— <del>— — `</del>	oplied For ot Applicable
21		26			65-0708732	\$8.75	
Suite, Apt. #, etc.					5. Certifcate of Status Desired	Fee Re	
22		City & State			6. Election Campaign Financing	\$5.00	
City & State	•	28			Trust Fund Contribution	Added t	•
Zip	Country	Zip	Country		8. This corporation owes the current year In		
<b>─</b> ─ `	25 29 30			,	Personal Property Tax.	Yes	SQN0
24 25 29 30 30 9. Name and Address of Current Registered Agent			<del>'</del>		10 Name and Address of New Registered	d Agent	
g, Name and Address of Current registered Agent				Name			
, PEREZ, ABISAEL							
PEREZ, ABISAEL 137 <del>94-133-07</del> SW 109 CT.			82	Street Add	tress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33176			83	3		· · · · · ·	
						·	
			84	City	ા સ્ત્રિક Fl	85   Zip (	Code
44 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes.	the abov	/e-named con	poration cultimite this etatement for the purpose (	of changing its	registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was auth	onzea by	, une corporati	ion's board of directors: I hereby accept the appoint	ointment as re	gistered
agent. i ai	m familiar with, and accept the obligate	585 01, 3ection 607.0303, Florida	3 Statutes	<b>.</b>			i
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	ent signature require	red when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
TITLE	P	☐ DELETE	1.1 TITLE		_	Change	Addition
NAME	PEREZ, ABISAEL		1.2 NAME				}
STREET ADDRESS	133-07 SW 109 CT. /37-04	5W 109 COURT	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-5	ST-ZIP			
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME	PEREZ, MICHAEL S		2.2 NAME				
STREET ADDRESS	18 MARY ST		2.3 STREE	ET ADDRESS	•		j
CITY-ST-ZIP	TAPPAN NY 10983-1721		2.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME	-			
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	<u>-</u>		
TITLE		☐ DELETE	4.1 TITLE		<del></del>	☐ Change	☐ Addition
NAME			4.2 NAME	:			
STREET ADDRESS			4.3 STREE	ET ADORESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				•
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		DELETE	6.1 TITLE			Change	☐ Addition
NAME .			6.2 NAME				

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.

6.3 STREET ADORESS

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #