

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # G69294 (8)**

1. Corporation Name

**MEGATRAN TRADING, INC.**



Principal Place of Business

**1680 N.W. 96TH AVE.  
MIAMI FL 33172**

Mailing Address

**1680 N.W. 96TH AVE.  
MIAMI FL 33172**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**ACOSTA, AMADO J.  
1680 NW 96TH AVE  
MIAMI FL 33172**

3. Date Incorporated or Qualified  
**10/05/1983**

3a. Date of Last Report  
**04/03/1995**

4. FEI Number  
**59-2332736**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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

(Signatory, typed or printed name of registered agent and this application)

(NOTE: Registered Agent's signature is required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPC	<input checked="" type="checkbox"/> DELETE
NAME	ACOSTA, AMADO J.	
STREET ADDRESS	10361 S.W. 16TH ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ACOSTA, NILDA L.	
STREET ADDRESS	10361 S.W. 16TH ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	ACOSTA, MICHAEL B.	
STREET ADDRESS	11501 S.W. 60TH TERR.	
CITY - ST - ZIP	MIAMI FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CARVAJAL, PEDRO J.	
STREET ADDRESS	298 SW 98TH PL	
CITY - ST - ZIP	MIAMI FL	
TITLE	DAS	<input checked="" type="checkbox"/> DELETE
NAME	ACOSTA, MICHAEL B.	
STREET ADDRESS	11501 S.W. 60TH TERRACE	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DPC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ACOSTA, AMADO J.	
13 STREET ADDRESS	1680 NW 96 AVENUE	
14 CITY - ST - ZIP	MIAMI, FL. 33172-2843	
2. TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ACOSTA, NILDA L.	
23 STREET ADDRESS	1680 NW 96 AVENUE	
24 CITY - ST - ZIP	MIAMI, FL. 33172-2843	
3. TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ACOSTA, MICHAEL B.	
33 STREET ADDRESS	1680 N.W. 96 AVENUE	
34 CITY - ST - ZIP	MIAMI, FL. 33172-2843	
4. TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	CARVAJAL, PEDRO J.	
43 STREET ADDRESS	1680 NW 96 AVENUE	
44 CITY - ST - ZIP	MIAMI, FL. 33172-2843	
5. TITLE	DAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	ACOSTA, MICHAEL B.	
53 STREET ADDRESS	1680 NW 96 AVENUE	
54 CITY - ST - ZIP	MIAMI, FL. 33172-2843	
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Nilda L. Acosta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NILDA L. ACOSTA**

**APRIL 18, 1996 305/477-1707 EXT.14**

CR2E034 (12/95)