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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G82313

(9)

FOUR TRADING, INC.

Principal Place of Business Mailing Address

1200 E. 68TH STREET HIALEAH FL 33014

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

1200 W. 68TH STREET HIALEAH FL 33014

2a. Mailing Address

Suite, Apt. #, etc.

26

27

FILED Feb 05 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/02/1983
4. FEI Number

59-2351864

5. Certificate of Status Desired

City & State					6. Election Campaign Financing \$5.00 May Be		
23	28				Trust Fund Contribution Added to Fees		
Zip Country	Zip	Cou	intry		8. This corporation owes or has paid the current year Intangible		
24 25	29	30			Personal Property Tax due June 30. X Yes 🔲 No		
9. Name and Address of	Current Registered Agent				10. Name and Address of New Registered Agent		
GONZALEZ, AURELIO A., Ji	R.		81	Name			
501 SW 27ND RD. Miami FL 33129			82	Street Add	et Address (P.O. Box Number is Not Acceptable)		
			83				
			84	City	85 Zip Code		
			••	City	FL   S   Z   D COOLE		
<ol> <li>Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the</li> </ol>	e State of Florida, Such char	nge was authorize	d by	the corpora	rporation submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as registered		
SIGNATURE					in the second se		
Signature, typed or printed name of regis			d Age	nt signature requ	APPETIONS/CHANGES TO OFFICERS AND DIFFCTORS IN 10		
TILE PD	RS AND DIRECTORS	13. ELETE 1.1 T/	TI 5		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additional Additional Change Additional Change Additional Change Chang		
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MARK ET		•		ADDRESS			
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1 -9	<del></del> -			1	Change Addit		
NAME TARANCO, MAXIMINO	<b>)</b>	2.2 N/		ĺ			
STREET ADORESS 523 NW 136TH PL		1		ADDRESS			
CITY-ST-ZIP MIAMI FL			ITY-S	T-ZIP			
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NAME FARAH, EDWARDO		3.2 N	ME	{			
STREET ADDRESS 745 WEST 71ST PLAC	Œ	3.3 S1	REET /	ADDRESS			
CITY-ST-ZIP HIALEAH FL			ITY-S	T-ZIP			
TITLE TD	L_J Di	LETE 4.1 TI	TLE	-	Change Addit		
NAME FARAH, LUIS		4. 2 N	AME	]			
STREET ADDRESS 8350 N.W. 166TH TEF	RR.	4.3 ST	REET /	ADDRESS			
CITY-ST-ZIP MIAMI LAKE FL		. 4.4 CI	TY-ST	- ZIP			
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NAME		5.2 NA	ME				
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NAME		6.2 NA	ME				
STREET ADDRESS		6.3 ST	REET /	ADDRESS			
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CITY - ST - ZIP i		6.4 Ci	ry-st	-ZIP			

4. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-98

05) 823-048 Daytime Phone #

0164304