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 # H31208

C. M. TRADING, INC.

Principal Place of Business	Mailing Address			
1141 S FEDERAL HWY FT LAUDERDALE FL 33316 US	10448 SW 53RD STREET COOPER CITY FL 33328			
2. Principal Place of Business	2a. Mailing Address			

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90059 019 ***150.00



1141 S FEDERAL HWY 10448 SW 53RD STREET FT LAUDERDALE FL 33316 COOPER CITY FL 33328 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						11/26/1984			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			applied For
21		26				59-2689593			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	ومرست			5. Certificate of Status Desired	<u></u>		Additional Required
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
_	•	28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes the curre	ent vear Inta	angible	
一	25		30	Ť		Personal Property Tax.	,	∐Yes	□No
24	9. Name and Address of Current	<u> </u>				10. Name and Address of New R	egistered /	Agent	
	5. Halle alla Addices et Californi			81	Name				
IVES, JAMES									
10448 SW 53RD STREET				82	Street Address (P.O. Box Number is Not Acceptable)				
COOPER CITY FL 33328		ŀ	83			,			
000	PEN CITT IE 33020		1	63					,
				84	City		FL	85 Zip	Code
44 Dureuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	s, the ab	ove-	named corpo	ration submits this statement for the	purpose of	changing i	ts registered
					ne corporation	n's board of directors. I hereby accep	t the appoi	ntment as	registered
agent. I a	m familiar with, and accept the obligation	ions of, Section 607.0505, Flor	ida Statu	ites.			2/3	20/00	7
SIGNATURE	JAMES IVES -	tresident		\leq	signature required	when reinstatura)	DIF	771	<u></u>
	Signature, typed or printed name of registered agent OFFICERS AND		13.	-	signature required	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECT	ORS IN 12
12.	PCM OFFICERS AND	DELETE	1.1 TITL	F		7,02.110.10.0711.1323 10 0.1.		Change	
TITLE	• • • • • • • • • • • • • • • • • • • •	C) OCCUPA	1.2 NA			·			_
NAME	IVES, JAMES								
STREET ADDRESS	10448 SW 53RD STREET				ADDRESS				
CITY-ST-ZIP	COOPER CITY FL	C SELECTE	1.4 CIT		-ZIP			Change	e Addition
TITLE	310		2.1 TITI			,			7,00,00
NAME	IVES, JAMES		2.2 NAI	ME					
STREET ADDRESS			2.3 STF	2.3 STREET ADDRESS				. ÷	
CITY-ST-ZIP	COOPER CITY FL	<u></u>	2.4 CR	TY-ST	- ZIP				
TITLE	VP	☐ DELETE	3.1 717	ŁΕ				Change	e Addition
NAME	.IVES, JUDITH S		3.2 NA	ME					
STREET ADDRESS	10448 SW 53RD STREET		3.3 STF	REET/	ADDRESS				1
CITY-ST-ZIP	COOPER CITY FL		3.4. CIT	TY-ST	-ZIP				
TITLE	, =	☐ DELETE	4.1 TIT	LE				Chang	e
NAME			4. 2 NA	ME					-
STREET ADDRESS			4.3 STI	REET/	ADORESS				
			4.4 CIT		1				}
CITY-ST-ZIP		☐ DELETE	5.1 TIT		-			☐ Chang	e Addition
TITLE			5.2 NA			•			_
NAME		•	1		ADDRESS				
STREET ADDRESS			5.4 CIT						
C/TY+ST-Z/P		□ BELETE	5.4 CII 6.1 TIT		- 411"			☐ Chang	e Addition
TITLE		☐ DELETE			ļ			□ Atlan8	
NAME (CC)	aStrib Land		6.2 NA						
STREET ADDRÉSS	The second of th				ADORESS				
	. •		BA CIT	IV. ST.	7IP	•			

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: