FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 17 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS **1998** DOCUMENT # K16804 PASS TRADING CORPORATION Principal Place of Business Mailing Address 4815 N.W. 78TH AVENUE. #9 4815 N.W. 70TH AVENUE, #9-MIAMI FL 22166 -MIAMILEL 22166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/03/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NW 79 AUG 4851 4851 65-0038289 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 33166 FL. 33166 MIAMI MIAM 28 Trust Fund Contribution Added to Fees Zin Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🔀 Yes 🔲 No Country Zip 24 26 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name FREIRE, PAULO DA CUNHA JR. 4815-N.W. 70TH-AVENUE: #9 Street Address (P.O. Box Number is Not Acceptable) 82 MIAMIFL 33166 83 Zip Code 85 FL. 33166 MIAMI, 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE FREIRE, PAULO DA CUNHA NAME 1.2 NAME 4851 NW 79 Ave # 4 MIAM , FC. 38166 4015 N.W. 79TH AVENUE: #9 STREET ADDRESS 1.3 STREET ADDRESS MIAMI-FL-33168 CITY-ST-ZIP 14 CITY - ST- 7IP ☐ Change DELETE 2.1 TITLE Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CMY-ST-ZIP TITLE DELETE 6.1 TITLE ___ Change Addition NAME 62 NAME

14. I hereby certify that the information supplied with this thing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 of trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an ayachovent with an addition.

6.3 STREET ADDRESS

6.4 City-St-Zie

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STREET ADDRESS

CITY-ST-ZIP

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