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

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90053 048 ***150.00

DOCUMENT	#	K1	985	1
1, Corporation Name				•

MARSAM TRADING CORP.

Principal Place of Business 2601 NW 105 AVE MIAMI FL 33172

Mailing Address

2601 NW 105 AVE MIAMI FL 33172

	DO NOT WRITE IN THIS SI
3. Date Incom	ated or Qualifed

US	JS US L					DO NOT WRITE IN THIS SPACE					
-		_				3.	Date Incorporated or Qualifed				
							04/01/1988				
2.	Principal Place of Business	2 a	Mailing Address			4.	FEI Number		Applied For		
21		26					65-0042756		Not Applicable		
	Sulte, Apt. #, étc.	27	Suite, Apt. #, etc.		€5#====	5.	Certifcate of Status Desired		75 Additional		
23	City & State	28	City & State	•		6.	Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees		
24	Zip Country	29	Zip Coun	try		8.	This corporation owes the current year le	ntangible Yes	□No		
9 Name and Address of Current Registered Agent					10.	10. Name and Address of New Registered Agent					
81 Name											
WU, SUSAN SUMIDA 2601 NW 105 AVE MIAMI FL 33172			82 Street Address (P.O. Box Number is Not Acceptable)								
			Ī	83							
			1	84	City		F		Zip Code		
11	Pursuant to the provisions of Sections 607,0502	and_	607.1508. Florida Statutes the ab	ove	-named_corpor	oratio	submits this statement for the purpose of	of changin	g 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE								:
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Reg	gistered Agent signature re	equired when reinstating)		DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITION	S/CHANGES TO	OFFICERS AN	ID DIRECTOR	
TITLE	D	ELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	WU, SAMSON		1.2 NAME					
STREET ADDRESS	2601 NW 105 AVE		1.3 STREET ADDRESS					ĺ
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-ZIP					
TITLE	D	ELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	WU, SUSAN SUMIDA		2.2 NAME					}
STREET ADDRESS	2601 NW 105 AVE		2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33172		2.4 CITY-ST-ZIP					
TITLE		ELETE	3.1 TITLE				☐ Change	Addition
NAME		_	3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS	•				
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		ELETE	4.1 TITLE				Change	☐ Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		ELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					İ
STREET ADDRESS			5.3 STREET ADDRESS	. .				
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		ELETE	6.1 TITLE				Change	☐ Addition

CITY-ST-ZIP 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 of 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.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY+ST+ZIP

STREET ADDRESS