FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # (1)KEY TRADING CORP.

FILED May 04 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address		• • • • • • • • • • • • • • • • • • • •		JIDIA 01014 01011 01011	DIGHT FORT
6903 N.W. 82 AVENUE 6903 N.W. 82 AVENUE MIAMI FL 33166 MIAMI FL 33166			:		DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualified	10 01 7 10 2	
					12/01/1988		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Apı	plied For
21		26			65-0087184	Not	l Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired \$8.75 Additional		dditional
22		27			Certificate of Status Desired	Fee Red	quired
City & State		City & State	} —¬ ′		6. Election Campaign Financing Trust Fund Contribution		
Zip Country		Zφ	Zφ Country		8. This corporation owes or has paid the current year Intangible		
24	25 29		30] No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Register	ad Agent	
	IVA, CARLOS		1'	Name			
	17 S W 116 PLACE		82 Street Ac		ress (P.O. Box Number is Not Acceptable)		
	IT C		-	83			
MIA	AMI FL 33173		['	93			
			Ī	B4 City		85 Zip C	2ode
44 0		00 00 a and 007 11 00 11 aside Dto	tuton the ab		poration submits this statement for the purpos	L of changing its	rogistered .
office or r	to the provisions of Sections 607.1 egistered agent, or both, in the SI m familiar with, and accept the of	tate of Florida. Such change wa	is authorized	by the corpora	tion's board of directors. I hereby accept the	appointment as r	registered
SIGNATURE							
	Signature typed or printed name of registerer		IOTE Registered	Agent signature requ	ired when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS /		S INI 12
12.	OFFICERS AND DIRECTORS DELE		1,1 101	F	ADDITIONS/CHANGES TO OTHICERS	Change	Addition
NAME	PAIVA, CARLOS		1.2 NAN				
STREET ADDRESS	6547 SW 116 PLACE, UNI	TC		FET ADDRESS			
ı	MIAMI FL			Y-SI-ZIP			
CITY-ST-ZIP TITLE	DELETE		2.1 1111			Change	Addition
NAME			2.2 NA			_ •	
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				Y - ST - ZIP			
TITLE		DELETE	3.1 1(1)			Change	☐ Addition
NAME			3.2 NA?	MÉ			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				Y-S1-ZIP			
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NAME			4. 2 NA	MÉ			
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CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	5.1 TITI			Change	☐ Addition
NAME			5.2 NA	AE			
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CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	61 TITI			Change	☐ Addition
NAME			62 NA	ME			
STREET ADDRESS				EET ADDRESS			
CITY-ST-7IP				Y-SI-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 his annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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.