## 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

## Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90114 033 \*\*\*150.00



DOCUMENT # K57684	
W. H. TRADING INC.	

Principal Place	of Business	Mailing Address				. (44141) 521 51111 19518 51191 19	,		
2628 NW 72 AV	ENUE	C/O MEENU KHILANI							
MIAMI FL 33122						DO NOT WRI	CDACE		
US MIAMI FL 33122 US					a Date	Incorporated or Qualifed	IE IN INIS	SPACE	
		03				09/1989			
a Principal Pl	ace of Business	2a. Mailing Address				Number		Ar	plied For
21 3 1/2	05 NW 115 Ave	26 3405 N	111	5 AVE		0093788		<u> </u>	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.	0 11	<i>3110</i> C				\$8.75	
22	#, Gtc.	27				ifcate of Status Desired		Fee Re	equired
City & State	imi, FL	City & State	FL			tion Campaign Financing st Fund Contribution		\$5.00 Added	May Be to Fees
Zip	Country	Zip ′	Coun	•		corporation owes the curr	ent year Inta		_
24 33/	78 25 US	29 33/78	30	<u>U5</u>		sonal Property Tax.		L Yes	□No
	9. Name and Address of Current	t Registered Agent		-1	10. Nan	ne and Address of New I	Registered	Agent	
121 111	MAND MATTAILS		[ ]	B1 Name	Sures	h Khilnar	1 /		1
	NANI, MEENU		į.	32 Street A		Box Number is Not Accept			
	NW 72 AVENUE				<u> 3405</u>	NW 115	Ave		
MIAN	II FL 33122		·	B3					
			H	84 City	20.	<del></del>	—- <del></del>	85 Zip	Code
				1 7	Mami		FL	1 15.5	/
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	es, the ab	ove-named co	corporation sub	mits this statement for the	purpose of	changing its	registered
office or n	to the provisions of Sections 607,0502 egistered agent, or both, in the State of familiar with, and accept the obligated in the collections of the collections are considered in the collections of the col	of Florida. Such change was a tions of, Section 607.0505, Flo	iutnorized rida Statu	by the corpor les.	ration's board (	or directors, I hereby acce	pt trie appoi	Killelit as le	gistered
ł	Sweet Whilamis	,							ļ
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered A	gent signature req	quired when reinstat	ing)	DATE		
12.	OFFICERS AN		13.		ADDI	TIONS/CHANGES TO OF	FICERS AN		
TITLE	D	☐ DELETE	1.1 TITL	E				☐ Change	☐ Addition
NAME	KHILNANI, MEENU		1.2 NAA						1
STREET ADDRESS	2628 NW 72 AVENUE		1.3 STR	EET ADDRESS	3405	NW 115 A	100		
CITY-ST-ZIP	MIAMI FL		1.4 CIT	/-ST-ZIP					·
TITLE	P	☐ DELETE	2.1 TITL	Ε				☐ Change	Addition
NAME	KHILNANI, SURESH		2.2 NAM	AE	_				
STREET ADDRESS	2628 NW 72 AVENUE		2.3 STF	EET ADDRESS	3405	NW 115 A	ve		1
CITY-ST-ZIP	MIAMI FL		2. 4 CIT	Y-ST-ZIP	- •	• • • • • • •			· .
TITLE		☐ DELETE 1	3.1 TITL	E				☐ Change	☐ Addition
NAME			3.2 NAA	AE .					,
STREET ADDRESS			3.3 STF	EET ADDRESS		•			
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP					
TITLE		☐ DELETE	4 1 TITL					☐ Change	☐ Addition
NAME			4.2 NA	ME					
STREET ADDRESS			4.3 STF	EET ADDRESS					
				Y-ST-ZIP					- 1
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITL					Change	Addition
NAME		_	5.2 NA						
STREET ADDRESS			5.3 STF	EET ADDRESS					
				Y-ST-ZIP					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITU					Change	Addition
			6.2 NA						_
NAME				LEET ADDRESS					
STREET ADDRESS			1						Į
CITY-ST-ZIP			6.4 CH	Y-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR