

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L28645

(4)

1. Corporation Name

A-Z. TRADING CORP.



Principal Place of Business

P O BOX 415112  
P. O. BOX 415112  
MIAMI BEACH FL 33141

Mailing Address

P O BOX 415112  
P. O. BOX 415112  
MIAMI BEACH FL 33141

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/07/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0152738

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DE NOVAES, ANNIBAL Z.  
7931 EAST DRIVE #201  
APT. 1-B  
NORTH BAY VILLAGE 33141

10. Name and Address of New Registered Agent

81 Name DE NOVAES, ANIBAL Z.  
82 Street Address (P.O. Box Number is Not Acceptable)  
121 NW 4 AVE  
83 City DANIA  
84 FL 85 Zip Code 33004

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DPV	DE NOVAES, ANIBAL Z.	7931 EAST DRIVE, #201	MIAMI BCH, FL 33141	<input type="checkbox"/>
ST	DE NOVAES, ANIBAL Z.	7931 EAST DRIVE #201	MIAMI BCH, FL 33141	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
DPV	DE NOVAES, ANIBAL Z.	121 NW 4 AVE	DANIA, FLA 33004	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST	DE NOVAES, ANIBAL Z.	121 NW 4 AVE	DANIA FLA 33004.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, with an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 (954) 925 9056

CR2E034 (12/95)