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PROFIT CORPORATION ANNUAL REPORT 1999°



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

G. L. TRADING INC.

| | <u> </u> | | | | (187 B(2) B)B) B B) B2B() B | B W D |
|--|--------------------------------|--|--|--|---|--|
| Principal Place of Business | Mailing Address | | | | | |
| 13990 SW 11TH STREET | P.O. BOX 165324 | | | | | |
| MIAMI FL 33186 MIAMI FL 33116-5324 | | | | | | • |
| US | US | | | DO NOT WRI | TE IN THIS SPACE | * 1 C |
| | | | | 3. Date Incorporated or Qualifed | - 1 | |
| | | | | 11/09/1989 | i, | |
| 2. Principal Place of Business | 2a. Mailing Address | _ | | 4. FEI Number | | Applied For |
| | 26 | | • | 65-0159284 | , H | Not Applicable |
| | Suite, Apt. #, etc. | | | 05 0 153204 | . \$8.7 | 5 Additional |
| Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | | Required |
| | 27 | | | | | |
| City & State | City & State | | | 6. Election Campaign Financing | | 00 May Be |
| 23 2 | 28 | _ | | Trust Fund Contribution | · · · · · · · · · · · · · · · · · · · | led to Fees |
| Zip Country | Zip | Country | | 8. This corporation owes the curr | | _ |
| 24 25 | 29 | 30 | | Personal Property Tax. | ☐ Yes | □No . |
| 9. Name and Address of Current Re | egistered Agent | | | 10. Name and Address of New | Registered Agent | est je e |
| | | 81 | Name | | , , | * * |
| LOPEZ, MIGUEL A. SR. | | | | | | |
| G 13990 SW 111 ST. | | 82 Street Add | | ddress (P.O. Box Number is Not Acceptable) | | |
| MIAMI FL 33186 | τ. | | | 1 1 1 2 2 3 3 1 1 1 1 1 1 2 3 3 3 3 3 3 | <u>ser som som en enderer</u> Fra kont Atolica (bl. kom er | ** *** * * *** *** *** *** *** *** *** |
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| | •• | 84 | City | 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | 85 4 | Zip Code |
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| 11. Pursuant to the provisions of Sections 607.0502 are office or registered agent, or both, in the State of F agent. I am familiar with, and accept the obligations | nd 607.1508, Florida Statut | es, the above | e-named corp | oration submits this statement for the | purpose of changing | its registered |
| office or registered agent, or both, in the State of F | lorida: Such change was a | uthorized by | the corporation | on's board of directors. I hereby acce | pt the appointment a | s registered |
| agent. I am familiar with, and accept the obligations | s of, Section 607.0505, Fig | inda Statutes | • | may a find | A | ` ' |
| SIGNATURE | | | | | DATE | 275 - |
| | | | | | | |
| Signature, typed or printed name of registered agent and | | | it agratore require | d when reinstating) | | CTORS IN 12 |
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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 clapated, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90032 010 ***158.75