FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

i. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90107 027 ***150.00



FAMATRADE, INC.					
ncipat Place of Business	Mailing Address	_			
3 N.W. 84TH AVE. MII FL 33166	6613 N.W. 84TH AVE. Miami FL 33166 US				
3 N.W. 84TH AVE.	6613 N.W. 84TH AVE. Miami Fl 33166				

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

						02/28/1990		ļ	
. Principal P	lace of Business	2a. Ma	ailing Address			4. FEI Number	- A	pplied For	
î		26				65-0173996	N	ot Applicable	
Suite, Apt.	#, etc.	Su	ite, Apt. #, etc.			-5. Certificate of Status Desired -		Additional	
,		27				SColaicate of Osatas Oceano	Fee R	equired	
City & State	e	Cir	ty & State			6. Election Campaign Financing	\$5.00	May Be	
3		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip Country		/	This corporation owes the current year Intangible				
4	25	29 30				Personal Property Tax. Yes No			
	9. Name and Address of Current	Registere	ed Agent		1	10. Name and Address of New Registered	Agent		
CAN	TOC FOTHER V			81	Name				
SANTOS, ESTHER V.			82	82 Street Address (P.O. Box Number is Not Acceptable)					
	2 COLLINS AVENUE #904					· · · · · · · · · · · · · · · · · · ·			
MIAI	MI BEACH FL 33141			83				1	
				84	City		85 Zip	Code	
				04	City	FL	. 65 24		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1	1508, Florida Statutes, the	abov	e-named cor	poration submits this statement for the purpose of	changing its	registered	
	egistered agent, or both, in the State of m familiar with, and accept the obligation					tion's board of directors. I hereby accept the appoin	ntment as re	egistered	
Ŭ					-				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if app	kicable. (NOTE: Registe	red Age	nt signature requir	red when reinstating) DATE			
12.	OFFICERS AND	DIRECTO	ORS 1	3.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12	
TITLE	PD		☐ DELETE 1.1	TITLE		•	☐ Change	☐ Addition	
AME	SANTOS, RICARDO A		1.2	NAME.					
STREET ADDRESS	6422 COLLINS AVENUE #904		1.3	STREE	TADDRESS	•			
TY-ST-ZIP	MIAMI BEACH FL		1.4	CITY-S	ST-ZIP				
TILE	VD		☐ DELETE 2.1	TITLE		——————————————————————————————————————	Change	☐ Addition	
NAME .	FLORES, JOSE A.		22	NAME					
TREET ADDRESS	13220 S.W. 69 STREET		2.3	STREE	T ADDRESS				
ITY-ST-ZIP	MIAMI FL		2.	4 CITY-	ST-ZIP				
TITLE				TITLE			☐ Change	☐ Addition	
NAME			3.2	NAME				1	
STREET ADDRESS			3.3	STREE	T ADDRESS				
CITY-ST-ZIP			34	L CITY-	ST-ZIP				
ITLE			-	TITLE			Change	Addition	
JAME			4.	2 NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP				CITY-S					
MLE				TITLE	-1 441		Change	☐ Addition	
IAME				NAME			•	_	
TREET ADORESS			5.3	STREE	TADDRESS				
				CITY-S					
CITY-ST-ZIP				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 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 of the attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS