

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90014 033 ***150.00

DOCUMENT # L64425

1. Corporation Name

CIRCLE TRADE CORPORATION

Principal Place of Business

3625 N.W. 82ND AV.
308
MIAMI FL 33166

Mailing Address

% PERLMAN AND FABER, P.A.
799 BRICKELL PLAZA, SUITE 900
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1990

4. FEI Number

65-0199325

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 c/o Perlman & Associate, PA
Suite, Apt. #, etc. Suite 900
799 Brickell Plaza

23 City & State

27 City & State
Miami, Florida

24 Zip

Country

29 Zip

Country

33131

USA

9. Name and Address of Current Registered Agent

PERLMAN AND FABER, P.A.
799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131-2608

10. Name and Address of New Registered Agent

81 Name PERLMAN & ASSOCIATE, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

799 Brickell Plaza

83 Suite 900

84 City Miami

FL

85 Zip Code
33131

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

George D. Perlman

GEORGE D. PERLMAN, President

2/18/99

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 PD
NAME LEDEZMA, PEDRO ELIAS
STREET ADDRESS 3625 N.W. 82ND AVE, #308
CITY-ST-ZIP MIAMI FL 33166 ☒ DELETE

TITLE VPD
NAME RODRIGUEZ, EVELYN
STREET ADDRESS 3625 N.W. 82ND AVE, #308
CITY-ST-ZIP MIAMI FL 33166 ☐ DELETE

TITLE TSD
NAME DEL SOL, EDUARDO
STREET ADDRESS 3625 N.W. 82ND AVE, #308
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME VAILLANT, Francisco Hung
1.3 STREET ADDRESS c/o 7270 N.W. 12 Street, Suite 380
1.4 CITY-ST-ZIP Miami, Florida 33126 ☐ Change ☒ Addition

2.1 TITLE Address Change
2.2 NAME for RODRIGUEZ, EVELYN
2.3 STREET ADDRESS c/o 7270 N.W. 12 Street, Suite 380
2.4 CITY-ST-ZIP Miami, Florida 33126 ☒ Change ☐ Addition

3.1 TITLE STD
3.2 NAME EMILIO FERNANDO ALVAREZ
3.3 STREET ADDRESS LA ROSA
c/o 7270 N.W. 12 Street, Suite 380
3.4 CITY-ST-ZIP Miami, Florida 33126 ☐ Change ☒ Addition

4.1 TITLE AS
4.2 NAME LEIVA, TANYA
4.3 STREET ADDRESS c/o 7270 N.W. 12 Street, Suite 380
4.4 CITY-ST-ZIP Miami, Florida 33126 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

George D. Perlman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary 4/20/99

Date

305-592-6942

Daytime Phone #

CR2E034 (11/98)

0186353