## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY

APPROVED AND FILED

·Ar	199				Secre DIVISION O	etary of F CORP		NS	97	FEB 26	PM I:	39			
\$ 203.7	**ILING FEE Annual Report \$100.00 + \$103.75    \$ 203.75   Make Check Payable To: FLORI					DA DEPARTMENT OF STATE				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
1. Name and Mailing Address of Limited Liability Company  DOCUMENT #195000000313  1a. Principal Place of Business Address															
DOW TRADING, L.C. 2525 N. STATE ROAD 7 SUITE 215 HOLLYWOOD FL 33021									1264 N.W. 110TH AVENUE PLANTATION FL 33322						
ff above mailing address is incorrect in any way, fine through incorrect information and enter correction in Block 2a.										77.					
2. Principal Place of Business				2a. Mailing Address					3. Date Organized or Qualified 3a. State of Formation 04/24/1995 FL						
Suite, Apt. #, etc.				Suite, Apt. #, etc.					4. FEI Number Applied For						
City & State				City & State					65-057419	Not Applicable					
Zip		Country		Zip	······	Countr	у		5. Date of Last F	,		cate of Status Desired			
	7. Name	and Addres	ss of Current Re	gistered	Agent				04/19/199 B. Name and Addi		gistered A	lgent			
its registered office or registered agent, or both, in the State of Florida. Such change was a							Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  Zip Code  bove-named limited liability company submits this statement for the purpose of changing authorized by affirmative vote of a majority of the members. I hereby accept the appointment								
as registered agent, and accept the obligations.  SIGNATURE															
10. Title Managing Members/Managers					Business Street Address				<del></del>			Zip Code			
MGRM M	IODOWS	KI, S.	AUL	1	264 N.	W. 1	10TH	AVEI	- 1			1767 1072-010 1072-010 *****203.75			
indicated on	this annual re	port is true t	11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the receiver or trustee empawared to execute this report as required by Chapter 608. Florida Statutes: and that my name appears in Block 10, or on an												

attachment with an address.

**SIGNATURE:**