


**FILED**  
**May 29, 1999 8:00 am**  
**Secretary of State**

05-29-1999 90018 067 \*\*\*150.00

05-29-1999 90018 068 \*\*\*\*13.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M09439</b> 1. Corporation Name <b>MACORIX TRADING, Corp.</b>			
Principal Place of Business <b>7749 EMBASSY BLVD</b> <b>MIRAMAR FL 33023</b>		Mailing Address <b>7749 EMBASSY BLVD</b> <b>MIRAMAR FL 33023</b>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 <b>7749 Embassy Blvd</b> Suite, Apt. #, etc. 22 City & State 23 <b>MIRAMAR FL</b> Zip 24 <b>33023</b>		2a. Mailing Address 26 <b>7749 Embassy Blvd</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIRAMAR FL</b> Zip 29 <b>33023</b>	
3. Date Incorporated or Qualified <b>12/28/84</b>		4. FEI Number <b>65-0174490</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent <b>Jorge M. Bolanos</b> <b>7749 Embassy Blvd</b>	
9. Name and Address of New Registered Agent 81 Name <b>JORGE M. Bolanos</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7749 Embassy Blvd</b> 83 84 City <b>MIRAMAR</b> FL 85 Zip Code <b>33023</b>		10. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS TITLE <b>PRESIDENT</b> <input type="checkbox"/> DELETE NAME <b>JORGE M. BOLANOS</b> STREET ADDRESS <b>7749 EMBASSY BLVD</b> CITY-ST-ZIP <b>MIRAMAR FL 33023</b> TITLE <b>VICE-PRESIDENT</b> <input type="checkbox"/> DELETE NAME <b>YAMILE BOLANOS</b> STREET ADDRESS <b>420 N.W. 12 AVE #4</b> CITY-ST-ZIP <b>MIAMI FL 33128</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(JORGE M. BOLANOS)

5-12-99

Date

(305) 824-2582

Daytime Phone #

CR2E034 (11/98)