FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 18 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M39234** **(3)**

1. Corporation Name
G.L.G. TRADING CORP.

Principal Place of Business
1840 WEST 49TH ST.
STE. 603-3
HIALEAH FL 33012
US

Mailing Address
P.O. BOX 0217
HIALEAH FL 33012
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite Apt. #
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite Apt. #
27
City & State
28
Zip
29
County
30

4. FEI Number: 59-2733102
Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has stated by electronic order [illegible] Yes ☒ No ☐

9. Name and Address of Current Registered Agent
GARCIA, ANA M.
4490 W. 19TH CT.
#517
HIALEAH FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip

11. Pursuant to Section [illegible] of the Florida Statutes, the undersigned corporation submits the statement for the purpose of complying with the requirements of Section [illegible] of the Florida Statutes, and the undersigned, being the President of the corporation named in item 1 herein, or other officer or director authorized to execute this report, certifies that the information indicated on this report or supplemental report is true and accurate.

SIGNATURE: [signature] Pres. 5/15/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARCIA, ANA M.
STREET ADDRESS	4490 W. 19 CT., #517
CITY ST ZIP	HIALEAH FL
TITLE	V
NAME	GONZALEZ, NILDA
STREET ADDRESS	4490 W. 19 CT., #517
CITY ST ZIP	HIALEAH FL

13. ADDITIONAL OFFICERS AND DIRECTORS

14. I hereby certify that the information indicated on this report or supplemental report filed pursuant to Section [illegible] of the Florida Statutes, and in the absence of a designation of registered agent, I hereby accept the appointment as registered agent and agree to act in this capacity.

SIGNATURE: [signature] ANA M GARCIA 5/15/95 305 556 2028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0422647 FP