## 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 Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90101 001 \*\*\*150.00

## DOCUMENT # M48400 1. Corporation Name

SIGNATURE:

NILA TRADING COMPANY

Principal Place	e of Business	Ma	ailing Address							
	1 ST., STE G-12		5 NW 167TH ST., STE	G-12						
MIAMI FL 33015	5	MIA	AMI FL 33015				DO NOT WRI	TE IN THIS	SPACE	
							3. Date Incorporated or Qualifed	12 117 117107		
							03/16/1987			
2 Principal 3	lace of Business	22	Mailing Address				4. FEI Number		I Ar	pplied For
<del></del>			26				65-0029523			ot / pplicable
21 Suite, Ap . #, etc.		Suite, Apt. #, etc.								Additional
ZZ		27					5. Certifca e of Status Desired		7	equired
City & State		City & State					6. Election Campaign Financing		\$5.00	May Be
23	-	28	,				Trust Fund Contribution			to Fees
Zip	Country	1201	Zip	Cou	intry		8. This corporation owes the curr	ent vear Int	angible	
24	25	29	,	30	·		Personal Property Tax.	· · · · · · · · · · · · · · · · · · ·	Yes	[]No
	9. Name and Address of Current		tered Agent		7		10. Name and Address of New F	Registered	Agent	
					81	Name				
SANCHEZ, ERNESTO ESQ.					82					
814 PONCE DE LEON BLVD						Street Add	t Address (P.O. Box Number is Not Acceptable)			
SUIT	E 505				83					
CORAL GABLES FL 33134						<u> </u>				
					84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statu	res, the a	bove	e-named co	poration submits this statement for the	purpose of	changing its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligati	Floric	ia.Such change was a	authorized	d by	the corporat	ion's board of directors. I hereby accep	t the appoir	ntment as re	egistered
	III farmilar with, and accept the obligati	יוט פווני.	, Deciron 507.0505, 1 h	( Tod Olai	utos.	•				
SIGNATURE	Signature, typed or printed name of registered agent	and title	f applicable. (NOT	: Registered	Agen	t signature requir	red when reinstating)	DATE		
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OF	FICER\$ /\N	ID DIRECTO	OFS IN 12
TITLE	D		☐ DELETE	1,1 T	TLE				Change	Addition
NAME	SPIELBERGER, NICOLAS			1.2 N	AME					
STREET ADDRESS	153 E PALMETTO PARK RD			1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL			140	ITY-S1	T-7IP				
TITLE	D		[] DELETE	2.1 T		<del></del>			Change	Addition
NAME	SZEGO, ALEXANDER			2.2 N						
	153 E PALMETTO PARK RD.					ADDRESS				
STREET ADDRESS	BOCA RATON FL		<del></del> - <del>-</del>							. —
CITY-ST-ZIP	D D		☐ DELETE	3.1 (1	TY F	1-21	<del></del>		Change	Addition
TITLE	VAINCTEIN CINACAI		Ca Deceil	3.1 H		1				
NAME	VAINSTEIN, SIMON 6175 NW 167 ST G-12									
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	MIAMI FL		DELETE		ITY-S	1-ZIP			Change	Addition
TITLE			C DECEIE	4.1 TI					□ ouange	
NAME				4.2N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP_			<u> </u>		ITY-\$1	T-ZIP			D (	Malaisi
TITLE			☐ DELETE	5.1 TI					Change	☐ Addition
NAME				5.2 N						
STREET ADDR:SS				1	-	ADDRESS				
CITY-ST-ZIP					ITY-S1	T-ZIP				
TITLE			☐ DELETE	6.1 T	TLE				Change	☐ Addition
NAME				6.2 N	AME					
STREET ADDRESS;				6.3 5	TREET	ADDRESS				

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 formation 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.

Simon Vainstein?

OIL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR