FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (ÜBR)**

FILED Jul 01, 2002 8:00 am Secretary of State 07-01-2002 90311 013 ***150.00

DOCUMENT	# +	00	00000	75765
1. Entity Name	•	_		,

 Entity Nam 	ne ,					
	Kanere Trading,	Inc.				
	144.020 124626,					
- 12	an har the west of the	- District Vitaria	1,-	5 m. 4 m	•	
	DO NOT WRITE	IN THIS S	PACE			
. '			,,,,,		- R01	26138
2 Principal P	Place of Business	3. Mailing Address	• `	•	,	
	2885 SW 69th Court 2885 SW 69th		th Court			
Suite, Apt. #, etc. Suite, Apt. #, etc.				. DO NOT WRITE IN THIS SPACE		
·=						Annied Co.
City & State City & State			T and do		El Number 65-0931496	Applied For Not Applicable
Zip	Miami, Florida Miami, Flor		Country	- -		\$9.75 Additional
33155	USA	33155	USA	5. (Certificate of Status Desired	Fee Required
	USA	<u> </u>		7. Na	me and Address of Current Reg	istered Agent
			Name	Towar M	Dolo For	
عرومه سادان نوار	DO NOT W	RITE	Street A	Jerry M. Dale, Esq.		
•				8370 Wes	st Flagler Street	
	IN THIS SP	ACE		Suite 25	32	
•			City		, <u>L</u>	FL Zip Code 33144
				Miami		
8. The above	named entity submits this statement for	the purpose of changing its	registered office o	r registered age	ent, or both, in the State of Florida	,
					•	
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable. (NOT	E: Registered Agent signal	ure required when re	instating)	DATE
*			fay 1 Fee is \$15	n nn : 28-2-58.		
	pration is eligible to satisfy its Intangible requirement and elects to do so.	After May	1, Fee is \$550.0		10. Election Campaign Financi	· _
_	ria on back)	Make Check Payat	d UBR is \$61.25		Trust Fund Contribution.	Added to Fees
11.	OFFICERS AND (No. of the second second	
TITLE	PD		TITLE	413		
NAME	Renato Herminio		NAME			
STREET ADDRESS	2885 SW 69th Court		STREET ADDRESS			
CITY-ST-ZIP	Miami, Florida 3315	<u>5</u>	CITY-ST-ZIP			
TITLE			TITLE .			
name Street address			STREET ADDRESS			attat tilbagar och stär Konst fortagen store
CITY-ST-ZIP			CITY-ST-ZIP		en de la companya de	Part Control
TITLE			TITLE -		and the service of the	
NAME		•	NAME			
STREET ADDRESS			STREET ADDRESS		DO NOT W	RITE
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE			TITLE		IN THIS SF	PACE
NAME		•	NAME STREET ADDRESS			
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			THILE			
TITLE NAME	·		NAME			
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NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	l	<u> </u>	

13. 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 report or supplemental 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 truspee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered. Renato Herminio

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

President