

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000084146

1. Entity Name

TRADING & MANUFACTURING COMPANY

Principal Place of Business

Mailing Address

1101 BRICKELL AVENUE SUITE 1100
MIAMI FL 33131

1101 BRICKELL AVENUE SUITE 1100
MIAMI FL 33131

2. Principal Place of Business

7490 W. Flagler St.

3. Mailing Address

7490 W. Flagler St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1037145

Applied For

Not Applicable

Zip 33144

Country U.S.

Zip 33144

Country U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENA, J. DAVID

1101 BRICKELL AVENUE SUITE 1100
MIAMI FL 33131

Name

Angel F. Fernandez

Street Address (P.O. Box Number is Not Acceptable)

7490 W. Flagler St.

City

MIAMI

FL

Zip Code

33144

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME DE GONZALEZ, MARTA CECILIA G
STREET ADDRESS 1101 BRICKELL AVENUE SUITE 1100
CITY-ST-ZIP MIAMI FL 33131 Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GONZALEZ-CASTENEDA, HERNAN VICENTE
STREET ADDRESS 1101 BRICKELL AVENUE SUITE 1100
CITY-ST-ZIP MIAMI FL 33131 Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Delete
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Hortelia Guarea de Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2001

Date

305)639-1701

Daytime Phone #

CR2E034 (10/00)