

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000035808

FILED  
Oct 21, 2005  
Secretary of State

Entity Name: AMERICAN TRADING OF SOUTH FLORIDA, INC.

## Current Principal Place of Business:

836 NW 89 AVE.  
PLANTATION, FL 33324

## New Principal Place of Business:

5874 NW 199 STREET  
MIAMI, FL 33015

## Current Mailing Address:

PO BOX 550026  
FORT LAUDERDALE, FL 33355

## New Mailing Address:

5874 NW 199 STREET  
MIAMI, FL 33015

FEI Number: 65-1094698

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORTES, JULIO M  
836 NW 89 AVENUE  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

CORTES, JULIO M  
5874 NW 199 STREET  
MIAMI, FL 33015 US

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: CORTES, JULIO M.

10/21/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CORTES, JULIO M  
Address: 836 NW 89 AVE  
City-St-Zip: PLANTATION, FL 33324

Title: SD ( ) Delete  
Name: GONZALEZDE P, BERTHA  
Address: 14617 STREAM POND DR  
City-St-Zip: CENTERVILLE, VA 20120

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CORTES, JULIO M  
Address: 5874 NW 199 STREET  
City-St-Zip: MIAMI, FL 33015

Title: VP (X) Change ( ) Addition  
Name: CRISTALDO, TERESA E  
Address: AVE. CARLOS CALVO 632 5TO PISO  
City-St-Zip: BUENOS AIRES, AR ARGENTINA

Title: S ( ) Change (X) Addition  
Name: LEON, NELSON F  
Address: 508 GILBERT CT  
City-St-Zip: GOLDSBORO, NC 27534

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORTES, JULIO M.

PD

10/21/2005

Electronic Signature of Signing Officer or Director

Date