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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000008610

1. Corporation Name

GIORGIO'S TRADE CORP.

Principal Place of Business Mailing Address									IIII <b>Ge</b> ile B <b>b</b> iti	ONINI INIIN NI	E) (1881) <b>08</b> 1) 1886
5580 NW 84 AVE		5580 NW 84 AVE									
MIAMI FL 33166		MIAMI FL 33166				- [	DO NOT WRITE IN THIS SPACE				
US		US				3.	Date Incorporated or	r Qualifed			7
						-	12/02/1992				-
2. Principal Pl	lace of Business	2a. Mailing Address	···			4.	FEI Number			A	pplied For
21		26					65-0344548				ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•		1	Certifcate of Status I	Desired	$\times$		Additional
22		27					Certificate of otatos t		<u></u>	Fee P	equired
City & State	е ————	City & State				6.	Election Campaign F	-		•	May Be
23		28					Trust Fund Contribut				to Fees
Zip	Country	Zip		ountry		8.	This corporation owe		ent year Int	angible □Yes	□No
24	25		30			10	Personal Property To Name and Address		Pagistared		
	9. Name and Address of Curre	ent Registered Agent		81	Name	10.	Name and Address	OI IVEW I	registereu.	Agent	
SKR	LD INC										
	ALHAMBRA CIR		82			ddress (P	O. Box Number is N	lot Accepta	able)	•	
	TE 1102			83			_				~-
	RAL GABLES FL 33134										
				84	City				FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida S	tatutes, the	above-	named c	orporation	n submits this stateme	ent for the	purpose of	changing it	s registered
office or a	edistered agent or both in the Stat	e of Florida. Such change w	as authorize	ed by tr	he corpor	ation's bo	oard of directors. I he	reby accer	ot the appoi	ntment as r	egistered
agent. i ai	m familiar with, and accept the oblig	jations or, Section 607.0505	, Florida Sta	atutes.							
agent. I al	m ramiliar with, and accept the oblig		, Florida Sta			juired when r	·		DATE		
_	Signature, typed or printed name of registered as			ed Agent :			·	ES TO OF		ID DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (	NOTE: Registere	ed Agent :			reinstating)	ES TO OF		ID DIRECT	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (	NOTE: Registere	ed Agent :			reinstating)	ES TO OF			
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A  DP  ANTONIAZZI, GIORGIO 10110 NW 56TH ST	gent and title if applicable. (	NOTE: Registere 13 1.1 1.2 1.3 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4	ed Agent :  TITLE  NAME  STREET A	signature req		reinstating)	ES TO OF			☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered & OFFICERS A DP ANTONIAZZI, GIORGIO 10110 NW 56TH ST MIAMI FL DVP ANTONIAZZI, NEYBIS	gent and title if applicable. (AND DIRECTORS	NOTE: Registers  13  1.1  1.2  1.3  1.4  2.1	ed Agent ;  TITLE  NAME  STREET A	signature req		reinstating)	ES TO OF		☐ Change	☐ Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered at OFFICERS A DP ANTONIAZZI, GIORGIO 10110 NW 56TH ST MIAMI FL DVP ANTONIAZZI, NEYBIS 10110 NW 56TH ST	gent and title if applicable. (AND DIRECTORS	NOTE: Registers  13 1.1 1.2 1.3 1.4 E 2.1	ed Agent :  TITLE  NAME  STREET A  CITY-ST-  TITLE	signature req		reinstating)	ES TO OF		☐ Change	☐ Addition
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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 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 12 or Block 13 if charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: