FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT #

P93000013436 (9)

AMERICAN TRADING GROUP, INC.

Principal Place of Business Mailing Address							140 40 111 8010 1 14 44 0 16411	ANDRA HIND DARF HORE	
16191 NW 57 AVE MIAMI FL 33014 US			16191 NW 57 AVE MIAMI FL 33014 US						
						3. Date incorporated or Qualified 02/15/1993	3a. Date of Last 04/26/		
2. Principal Pl	ace of Business	2a. Mailing Ad	dress			4. FEI Number		Applied For	
21]	# oto	26 Suite Ast	# 010			65-0390011		Not Applicable	
Suite, Apt.		Suite, Apt.		·- ·· ·· ·	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired		5 Additional Required	
City & State	9	City & Stat	е			6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip 24	Country 25	Zip 29	30	ountry	,	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
	9. Name and Address of Cur			Τ_		10. Name and Address of New R			
				81	Name				
SOUTHWELL, SUSAN W				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	NW 57 AVE FL 33014			83					
				84	City		85 2	Zip Code	
44 . D		500 and 603 4500 Fin					<u> </u>	46	
or register		lorida. Such change wa	as authorized by the			ation submits this statement for the pur d of directors. I hereby accept the appo			
SIGNATURE									
40	Signature, typed or printed name of registered a	gent and title if applicable. AND DIRECTORS			nt signature required		DATE	ODC IN 10	
12. TITLE	D		ELETE 1	i Title		ADDITIONS/CHANGES TO OFF	Change		
NAME	SOUTHWELL, DAVID W	<u></u> -		NAME					
STREET ADDRESS	16191 NW 57 AVE				ADDRESS				
CITY-ST-ZIP	MIAMI FL			CITY-S					
TITLE	0			TITLE			Change	Addition	
NAME	SOUTHWELL, SUSAN W		2.2	NAME					
STREET ADDRESS	16191 NW 57 AVE		2.3	STREET	ADDRESS				
CITY - ST - ZIP	MIAMI FL		2.4	CITY-5	ST - ZIP				
TITLE			ELETE 3.	1 TITLE			☐ Change	Addition	
NAME			3.2	NAME					
STREET ADDRESS			3.3	STREE	T ADDRESS				
CITY-ST-ZIP				CITY - S	ST - ZIP				
TITLE			ELETE 4.	1 TITLE			☐ Change	Addition	
NAME				NAME					
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP		F1.		CITY-5	ST-ZIP	 			
TITLE		Ü 0		1 TITLE			☐ Change	: 🔲 Addition	
NAME				NAME					
STREET ADDRESS					ADDRESS				
CHTY-ST-ZIP				CITY-S	ST-ZIP		☐ ^b	Addition	
TITLE		ال		1 TITLE			Change	Addition	
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-S1-ZIP	ay cadify that the information as wall	ad with this filian is wal-		CHTY-S		or the exemption stated in Section 110	07/21/W Florida Stat	utae I furthar	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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 23 if changed, or on an attachment with an address.

SIGNATURE:

4-20-96 305-62/2239