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FILED

Apr 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000024166 (9)

1. Corporation Name

A & E OCEAN TRADING, INC.

Principal Place of Business

Mailing Address

8010 WEST DR
STE 380
MIAMI FL 33141
US

PO BOX 415144
MIAMI FL 33141
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1993

4. FEI Number

65-0398568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 3989 PEMBROKE Rd.

Suite, Apt. #, etc.

22 City & State

23 HOLLYWOOD

24 Zip

33021

Country

25 FL

9. Name and Address of Current Registered Agent

NIGRELLI, ANTONINO
8010 WEST DR.
UNIT 378
NORTH BAY VILLAGE FL 33141

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 HOLLYWOOD

29 Zip

33021

Country

25 FL

9. Name and Address of Current Registered Agent

NIGRELLI, ANTONINO
8010 WEST DR.
UNIT 378
NORTH BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

81 Name

82 NIGRELLI ANTONINO

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

7400 CENTER BAY DR.

84 City

MIAMI

85 State

FL

Zip Code

33141

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
NIGRELLI, ANTONINO
8010 WEST DR., UNIT 378
NORTH BAY VILLAGE FL 33141

1.2 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
SD
ANTONIO NIGRELLI
8010 WEST DRIVE, UNIT 380
NORTH BAY VILLAGE FL

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
SD
ANTONIO NIGRELLI
8010 WEST DRIVE, UNIT 380
NORTH BAY VILLAGE FL

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
SD
ANTONIO NIGRELLI
8010 WEST DRIVE, UNIT 380
NORTH BAY VILLAGE FL

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
SD
ANTONIO NIGRELLI
8010 WEST DRIVE, UNIT 380
NORTH BAY VILLAGE FL

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
SD
ANTONIO NIGRELLI
8010 WEST DRIVE, UNIT 380
NORTH BAY VILLAGE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 changed, or on an attachment with an address.

SIGNATURE:

03/31/98 754-7974

CR2E034 (10/97)