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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000028989 (0)

AB TRADING AND BROKERS, CORP. Principal Place of Business Mailing Address 3900 NW 79 AVENUE SUITE 509- 220 3900 NW 79 AVENUE STE #222 DO NOT WRITE IN THIS SPACE MIAMI FL 33166 MIAMI FL 33168 US 3. Date Incorporated or Qualified <u>04/15/1993</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0395981 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired オココモ Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BRIOSO, THELMA A E 13510 SOUTHWEST 110TH TERRACE 62 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** В3 84 Zip Code 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **PVSD** DELETE Change TITLE 1.1 TITLE Addition BRIOSO, THELMA E NAME 1.2 NAME 8001 NORTHWEST 36TH STREET STE. 100 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change __ Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 of the

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

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41 TITLE

4 2 NAME

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SIGNATURE:X

CITY-ST-ZIP

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STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITE F

TITLE

2-4-98

599-9109

Change

Change

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Addition

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Addition

FILED

Mar 20 1998 8:00am

Secretary of State