

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90091 049 ***150.00

DOCUMENT # P93000028989

1. Corporation Name

AB TRADING AND BROKERS, CORP.

Principal Place of Business

3900 NW 79 AVENUE
STE #222
MIAMI FL 33166
US

Mailing Address

3900 NW 79 AVENUE
SUITE 222
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1993

4. FEI Number

65-0395981

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 the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 8485 NW 29 ST
Suite, Apt. #, etc.

2a. Mailing Address

26 8485 NW 29 ST
Suite, Apt. #, etc.

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip Country

24 33122 25 USA

Zip Country

29 33122

30 USA

9. Name and Address of Current Registered Agent

BRIOSO, THELMA A E
13510 SOUTHWEST 110TH TERRACE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name Stephen Zonenschain
82 Street Address (P.O. Box Number is Not Acceptable)
8485 NW 29 ST
83
84 City Miami FL 85 Zip Code 33122

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

Stephen Zonenschain

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

(NOTE: Registered Agent signature required when reinstating)

04/30/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PVSD
NAME BRIOSO, THELMA E
STREET ADDRESS 8001 NORTHWEST 36TH STREET STE. 100
CITY-ST-ZIP MIAMI FL 33166
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT & DIRECTOR
1.2 NAME WILLIAM SAITO
1.3 STREET ADDRESS 8485 NW 29 ST
1.4 CITY-ST-ZIP MIAMI, FL 33122
☐ Change ☒ Addition

2.1 TITLE SECRETARY
2.2 NAME STEPHEN ZONENSCHAIN
2.3 STREET ADDRESS 8485 NW 29 ST
2.4 CITY-ST-ZIP MIAMI, FL 33122
☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Zonenschain

04/30/98

Date

(305) 513-0422

Daytime Phone #

CR2E034 (11/98)