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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000042048 (7)

SOUTHPOINT TRADING CORPORATION

Principal Pl	ace of Business
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FILED May 13 1998 8:00am Secretary of State



	e of Business	Mailing Address		, , , , , , , , , , , , , , , , , , , ,	
12000 BISCAY	YNE BLVD.	12000 BISCAYNE BLVD.			
SUITE 505	I F1 60404	SUITE 505		DO NOT WRITE IN THIS S	PACE
- 11 2		MIAMI FL 33181 US		3. Date Incorporated or Qualified	1
00		00		06/14/1993	
2. Principal P	Place of Business	2a. Mading Address		4, FEI Number	Applied For
21 1255	5 Biscayne Blad	26 12555 B1	ocurry Blu	. (1)	Not Applicable
Suite, Apl		Suite, Apt. #, etc.		r-,	\$8.75 Additional
22 808		27 808		5. Certificate of Status Desired	Fee Required
City & State	.0	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Non	74 Mrani, FI	28 WorthM.	ani Tel	Trust Fund Contribution	Added to Fees
Zip	Country	Zıb	Country	8. This corporation owes or has paid the curr	ent year Intangible
24 35	81 25 Dade	29 33181 3	Dade	Personal Property Tax due June 30.	. Yes ☐ No
	9, Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	gent
Fill	INGS, INC.		81 Name	mae L. WOIF	
	32 NW 16TH ST			tress (P.O. Box Number is Not Acceptable)	
	LAUDERDALE FL 33311		287	5 NE 1914 Street	i
•••			83 <		
			84 City	(e 500	les Zio Codo
	Λ /		84 City 2	ut-ra FL	85 Zip Code 33180
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes	the above-named cor	poration submits this statement for the purpose of	changing its registered
office or re	registered and it, in both, in the State of im familian with and accept the obligati	l Florida, Such cha nge wa s au ons o f, Section 607,0505, Flori	thorized by the corpora ida Statutes	ation's board of directors. I hereby accept the appoint	intment as registered
		ona or, accomon cor. Coca, non	ou otatutes		
SIGNATURE	Significre, typed or provid name of regularity agent.	and title if applicable (NOTE:	Registered Agent signature requ	ired when reinstating) DATE	· · · · · · ·
12.	OFLICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	WOLF, ENRIQUE - Pa	es dut	12 NAME		
STREET ADDRESS	2110 KEYSTONE BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33181		1.4 CITY+ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - S1 - ZIP		
TITLE			2.4 VIII1-31-ZIF		l
		DELETE	3.1 TITLE		Change Addition
NAME		DELETE			Change Addition
NAME Street address		☐ DELETE	3.1 TITLE		Change Addition
		☐ DELETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby c indicated	on this annual report or supplemental a	DELETE DELETE DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP The exemption stated in rate and that my signature and that my signature.		Change Addition Change Addition Change Addition Change Addition