

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 13, 1999 8:00 am
Secretary of State

05-13-1999 90018 027 ***150.00

DOCUMENT # ~~P03000042736~~ P93000042736
Corporation Name

PIRAMIDE INTERNATIONAL TRADING, INC.

Principal Place of Business
16400 Collins Avenue
Suite 1744
Miami Beach, Fl 331
Mailing Address
11091 SW 65th
Miami, Fl 33173

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
16400 Collins Avenue		11091 SW 65th		06/07/1993	
Suite 1744		Suite, Apt. #, etc.		4. FEI Number	
Miami Beach, Fl 331		City & State		65-0413725	
Zip		Country		Applied For	
25		29		Not Applicable	
City & State		City & State		5. Certificate of Status Desired	
27		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
25		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax.	
27		28		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Raymundo Torpoco
16400 Collins Avenue, Suite 1744
Miami Beach, Florida 331

10. Name and Address of New Registered Agent

81	Name	Alvaro Castillo B., Esq.	
82	Street Address (P.O. Box Number is Not Acceptable)	1390 Brickell Avenue	
83	Suite 200		
84	City	FL	85 Zip Code 33131

I, 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

12.1 NAME	PD	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	Raymundo Torpoco	
12.3 CITY-ST-ZIP	16400 Collins Avenue, 1744	
12.4 CITY-ST-ZIP	Miami Beach, Fl 33160	
12.5 NAME	VTSD	<input type="checkbox"/> DELETE
12.6 STREET ADDRESS	Daysi Torpoco	
12.7 CITY-ST-ZIP	16400 Collins Avenue, 1744	
12.8 CITY-ST-ZIP	Miami Beach, Fl 33160	
12.9 NAME	S	<input type="checkbox"/> DELETE
12.10 STREET ADDRESS	Daysi Torpoco	
12.11 CITY-ST-ZIP	697 Lake Blvd., Suite 311	
12.12 CITY-ST-ZIP	Fort Lauderdale, Fl 33326	<input type="checkbox"/> DELETE
12.13 NAME		<input type="checkbox"/> DELETE
12.14 STREET ADDRESS		
12.15 CITY-ST-ZIP		
12.16 NAME		<input type="checkbox"/> DELETE
12.17 STREET ADDRESS		
12.18 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-ST-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-ST-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-ST-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-ST-ZIP	

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.