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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

May 12 1997 8:00am

Secretary of State

## DOCUMENT # P93000043117 (9)

AMERICAN TRADING & PURCHASING CORP.

Principal Place of Business Mailing Address  15626 SW 16TH COURT 15626 SW 16TH COURT POMBROKE PINES FL 33027 POMBROKE PINES FL 33027-2346 US	
3. Date Incorporated or Qualified 3a. [	Date of Last Report
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21     26     65-0424037	Not Applicable \$8.75 Additional
5. Certificate of Status Desired	Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Bo
28 Trust Furid Contribution	Added to Foos
Zip Country   Zip Country   8. This corporation has liability for intangible   24   25   29   30   Florida Statutes   Yes	e tax urider s. 199.032, No :
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered	Agent
SONBEEK, RON B1 Name	
15626 SW 16TH COURT 82 Street Address (P.O. Box Number is Not Acceptable)	,
PEMBROKE PINES FL 33027	
84 City	85 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 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 apagent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	of changing its registered pointment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if approable (NOTE Registered Agent signature required when reinstating) DATE	··
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AN	
MILE D  NAME NELLIS, NELA  SOURCE  1.1 MILE  1.2 NAME  PRESIDENT  1.2 NAME  PON SOURCE  1.2 NAME	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP  NELLIS, NELA  1.2 NAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  NELLIS, NELA 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  NELLIS, NELA 1.4 CITY-ST-ZIP  NELLIS, NELA 1.5 NAME 1.5 NAME 1.7 NAME 1.8 NAM	
CITY-ST-ZIP MIAMI FL 33122 1.4 CITY-ST-ZIP DEM BOOKE DINES /2	3027
TITLE DELETE 2.1 TITLE	☐ Change ☐ Addition
NAME 2.2 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-SI-ZIP	
TITLE DELETE 3.3.1ITLE  RAME 3.2.NAME	Change Addition
STREET ADDRESS 33 STHEET ADDRESS	
CITY-SI-ZIP 3.4. CITY-SI-ZIP	
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STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP	
TATLE L DELETE \$ 5.1 THE	
	Change Addition
NAME 5.2 NAME	

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his 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.