## 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** 

P93000043117 (9) DOCUMENT #

AMERICAN TRADING & PURCHASING CORP.

Principal Place of Business Mailing Address

## **FILED** Apr 06 1998 8:00am Secretary of State



15626 SW 16TH COURT POMBROKE PINÉS FL 33027 US			15626 SW 16TH COURT POMBROKE PINES FL 33027 US		DO NOT WRITE IN THIS	SPACE	
	•				<ol> <li>Date Incorporated or Qualified</li> <li>06/16/1993</li> </ol>		
	ace of Business	2a. Mailing Address	<del> </del>		4. FEI Number 65-0424037	<b>→</b>	plied For Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75		
22		— — ```	27		5. Certificate of Status Desired	Fee Re	
City & State	1	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the cu		
24	25 29 30 30 30 4. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30.  10. Name and Address of New Registered		No
		rent Hegistered Agent	B1 Name	Name			
SONSEEK, RON							
	326 SW 16TH COURT			82 Street Add	tress (P.O. Box Number is Not Acceptable)		
PEMBROKE PINES FL 33027			}	63			
	x		L				
				64 City	FL	<b>85</b> Zip (	Code
44 Durement t	a the arrayleings of Sections 607	0502 and 607 1508 Florida Statu	tes the ah	ove-named cor	rogration submits this statement for the purpose of	of changing it	s reaistered
office or re	egistered agent, or both, in the Si	tate of Florida. Such change was	authorized	by the corpora	ation's board of directors. I hereby accept the app	pointment as	registered
•	n terniliar with, and accept the or	oligations of, Section 607.0505, Fi	iorida siail	nes.			
SIGNATURE	Signature, typed or printed name of registered	diagent and title if applicable. [NO	TE: Registered	Agent signature requ	uired when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	<b>P</b>	DELETE	1.1 TIT	LE		Change	☐ Addition
NAME	SONBEEK, RON		1.2 NA	ME			
STREET ADDRESS	\$15626 SW 16TH ST		1.3 STF	REET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CIT	Y-ST-ZIP			
TITLE	*	☐ DELETE	2.1 TIT	LE	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			2.2 NA	ME	··		
STREET ADDRESS	•		2.3 ST	REET ADDRESS			
CITY-ST-ZIP			2. 4 Ci	TY-ST-ZIP		·	
TITLE		DELETE	3.1 TIT	LE		L Change	Addition
NAME	ż		3.2 NA				
STREET ADDRESS	<u>*</u>		3.3 STF	REET ADDRESS			
CITY-ST-ZIP		——————————————————————————————————————		TY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 117			☐ Change	■ Addition
NAME			4. 2 NA				
STREET ADDRESS	*			REET ADDRESS			
CITY-ST-ZIP	<u> </u>	DEVENE		Y-ST-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TiT			Chande	□ vontion
NAME	÷		5.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	<del></del>	☐ DELETE		Y-ST-ZIP		Change	Addition
TITLE		☐ ptrest	6.1 TrT				
NAME	•		6.2 NA	i			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP			6.4 CH	Y-ST-ZIP			

I hereby 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 informatio 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.