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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000069880

1. Corporation Name

POLITRADING INTERNATIONAL SALES INC.

Principal Place of Business Mailing Address								
7827 SW 102ND LANE 7827 SW 102ND LANE								
MIAMI FL 3315	6	MIAMI FL 33156				DO NOT WRITE IN THIS SPACE		
US US						3. Date Incorporated or Qualifed		
						10/07/1993		
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26	26			65-0483892	1	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27						Required
City & State		City & State			•	6. Election Campaign Financing	·	O°May Be
23		28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	Count	try		This corporation owes the current year Intain		
24	25		30			1 drooman reporty van	∐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent		B1		10. Name and Address of New Registered A	gent	
COF	LHO, LUIS FLAVIO P		l°	31	Name		•	-
	2 SW 77 COURT		Ē	32	Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
	MI FL 33156			_				
IVIIA	WI FE 33136		8	83				ļ
			8	B4	City	FL	85 Zij	p Code
		1 007 4500 51 14 04				oration submits this statement for the purpose of c	banning	ite registered
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	thorized t	by t	the corporation	on's board of directors. I hereby accept the appoint	ment as	registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	Registered A	gent	t signature required	when reinstating) DATE		
12.		ID DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	FORS IN 12
TITLE	D	☐ DELETÉ	1.1 TITL	E		-	Change	e 🔲 Addition 📗
NAME	COELHO, LUIS FLAVIO P		1.2 NAM	ŧΕ				1
STREET ADDRESS	10202 SW 77TH CT		1.3 STRE		ADDRESS			
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-		r-ZIP			
TITLE		☐ DELETE	2.1 TITLE				Change	e
NAME			2.2 NAM	Æ				{
STREET ADDRESS			2.3 STR	EET	ADORESS			
CITY-ST-ZIP			2.4 CIT	Y- \$1	T-ZIP			
TITLE		☐ DELETE	3.1 TITL				Change	e Addition
NAME	•		3.2 NAM	Æ.				
STREET ADDRESS			3.3 STR	EET	ADDRESS	•		
CITY-ST-ZIP			3.4. CIT					
TITLE		DELETE	4.1 TITL				Change	e Addition
NAME			4, 2 NAM	ΜE	-			
STREET ADDRESS			43 STR	EFT	ADDRESS			i
								1
TITLE		☐ DELETE	5.1 TITLE		· •··		Chang	e Addition
NAME			5.2 NAME				_	
STREET ADDRESS					ADDRESS			}
			5.4 CITY					ţ
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL				Change	e Addition
		_ 5222.0	6.2 NAM				_ ,	- .
NAME			L		ADDRESS			ĺ
STREET ADDRESS			6.4 CITY				-	ļ
CITY-ST-ZIP			0.7 0/11	-31	1-m			

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.

Daytime Phone #