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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000076345 (6)

1. Corporation Name
SOUTH AMERICAN TRADING CORPORATION



Principal Place of Business

3400 CORAL WAY
SUITE 800
MIAMI FL 33145

Mailing Address

3896 BISCAYNE BLVD
SUITE 4040
MIAMI FL 33137-3731
US

3. Date Incorporated or Qualified
10/29/1993

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

21 7300 S.W. 8 STREET

Suite, Apt. #, etc.

22 City & State
23 MIAMI FLORIDA

24 Zip
33144-4540

25 Country
U.S.A.

2a. Mailing Address

26 4011 West FLAGLER ST.

Suite, Apt. #, etc.

27 SUITE 403
28 MIAMI FLORIDA

29 Zip
33134

30 Country
U.S.A.

4. FEI Number

65-0603210

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DIAZ, FRANK L
3400 CORAL WAYONAL DR.
SUITE 800
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

GUILLERMO RODRIGUEZ

82 Street Address (P.O. Box Number is Not Acceptable)

4011 WEST FLAGLER STREET

83

SUITE 403

84 City

MIAMI

FL

85 Zip Code
33134

11. 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

TITLE D
NAME LEDESMA, RUBEN
STREET ADDRESS 2920 SW 37 TH
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE P
NAME LEDESMA, RUBEN
STREET ADDRESS SUITE 4040
CITY-ST-ZIP 8307 N.W. 68 STREET
MIAMI, FL 33146

TITLE V
NAME NOVOA-DIAZ, LEANDRO
STREET ADDRESS 1416 SANTA CRUZ
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE A
NAME TRUTILLO, ALBERTO
STREET ADDRESS 211 ZAHORA AVE. APT. 9
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERTO TRUTILLO

Date

Daytime Phone #

0187900

CR2E034 (9/96)