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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90019 025 \*\*\*150.00

DOCUMENT # P93000076345

1. Corporation Name

SOUTH AMERICAN TRADING CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3351 NW 27TH AVE  
MIAMI FL 33142  
US

Mailing Address

4011 WEST FLAGLER ST.  
SUITE 403  
MIAMI FL 33134  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 9240 SUNSET DRIVE

27 Suite, Apt. #, etc.

27 SUITE: 230

28 City & State

28 MIAMI, FL.

29 Zip 30173 30 Country USA

3. Date Incorporated or Qualified

10/29/1993

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, GUILLERMO  
4011 WEST FLAGLER STREET  
SUITE 403  
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name ALEXANDER E. BORELL  
82 Street Address (P.O. Box Number is Not Acceptable)  
9240 SUNSET DRIVE  
83 SUITE: 230  
84 City MIAMI FL 85 Zip Code 33173

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 8307 N.W. 68 STREET  
CITY-ST-ZIP MIAMI FL 33166

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 D  
1.2 NAME LEDESMA, RUBEN  
1.3 STREET ADDRESS 8307 N.W. 68 STREET, SUITE: 4040  
1.4 CITY-ST-ZIP MIAMI, FL 33166

2.1 TITLE P  
2.2 NAME LEDESMA, RUBEN  
2.3 STREET ADDRESS 8307 N.W. 68 STREET, SUITE: 4040  
2.4 CITY-ST-ZIP MIAMI, FL 33166

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 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.

SIGNATURE: RUBEN LEDESMA

02/05/99 305-638-1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0198842

CR2E034 (11/98)