

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

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

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

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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3. Date Incorporated or Qualified  
**10/29/1993**

2. Principal Place of Business 21	2a. Mailing Address 26 <b>9240 SUNSET DRIVE</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>SUITE: 230</b>
City & State 23	City & State 28 <b>MIAMI, FL.</b>
Zip 24	Country 29 <b>USA</b>

4. FEI Number  
**65-0603210**

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 *Alexander E. Borell* **Alexander E. Borell** **2-5-99**  
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	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEDESMA, RUBEN</b>	
STREET ADDRESS	<b>2920 SW 37 TH</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEDESMA, RUBEN</b>	
STREET ADDRESS	<b>8307 N.W. 68 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LEDESMA, RUBEN</b>	
1.3 STREET ADDRESS	<b>8307 N.W. 68 STREET, SUITE: 4040</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33166</b>	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>LEDESMA, RUBEN</b>	
2.3 STREET ADDRESS	<b>8307 N.W. 68 STREET, SUITE: 4040</b>	
2.4 CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **RUBEN LEDESMA** **02/05/99** **305-638-1999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)