FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation	MENT # P930 AS TRADING COMPANY	000	81566 (0)						
	•									
Principal Place of Business			Mailing Address					illi bolli a alul	10401 (1401 1	
12700 BISCAYNE BLVD.			12700 BISCAYNE BLVD.							
SUITE 401 NORTH MIAMI FL 33181			SUITE 401 NORTH MIAMI FL 33181							
	11 T. C. OOTOT		MONTH MIAMITE S	3101			3. Date Incorporated or Qualified	3a. Da	te of Last	Report
2 Principal Pla	ace of Business		Mallag Add.				11/29/1993		04/19/1	
21	tion of Eddiness	2a. 26	Mailing Address				4. FET Number 65-0451540		ļ	Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						\$R 7	Not Applicable 5 Additional
22		27					5. Certificate of Status Desired		•	Required
City & State	3		City & State				6. Election Campaign Financing		\$5.0	00 May Be
<i>Z</i> ip	Country	28	Zigi		 untry	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	LJ Table 1		ed to Fees
24	25	29		30	шиу		This corporation has liability for Florida Statutes	rintang⊦ble t s=∏No	ax under s	§ 199.032,
	g. Name and Address of Curre	nt Regis	lered Agent		[_		10. Name and Address of New		Agent	
					81	Name				
	, CARLOS A				82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
	YRON AVE. #4				83					
MIAMI	BEACH FL 33141				63					
					84	City		FL	85 <i>7</i>	'ıp Code
11. Pursuant to	o the provisions of Sections 607.050	2 and 607	7.1508, Florida Statu	ites, the abo	TTT T	amed corpo	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of ch	<u>■</u> anging its	registered office
familiar wit	ed agent, or both, in the State of Floi h, and accept the obligations of, Sec	nda. Such ction 607.0	i change was authori 0505, Florida Statute	ized by the i is.	corpo	oration's boa	and of directors. Thereby accept the app	ointment as	registere	d agent. I am
SIGNATURE.										
12.	Stignature, typed or printed name of registarea ages OFFICERS AN				I Agent	Significate response	of when his crategr	DATE		· · · · · · · · · · · · · · · · · · ·
TITLE	P	AS CHES C	DELETE	13.		··· _[ADDITIONS/CHANGES TO OF		DIRECTO Change	ORS IN 12 Addition
NAME	FEIJOO, CARLOS A.			1.2 N				'	Unlange	Modificati
STREET ADDRESS	12700 BISCAYNE 401					ADDRESS				
CITY-ST-ZIP	north Miami Fl			1.4 CI	IY-SI	- ZIP				
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NAME STOLET APPROTES				22 N						
STREET ADDRESS CITY-ST ZIP						ADDRESS				
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NAME				3 2 N/		ĺ		ι	Griange	☐ Addition
STREET ADDRESS				33.8	ree L	ADDRESS				
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NAME STREET ADDRESS				4 2 NA						i
CITY-SI-ZIP						DERESS				
III.E			DELETE	4.4 C	IY×ST ILE	: ZIF		r	Change	Addition
NAME				5 2 NA				L	_i ouguge	☐ Vaquaqu
STHEET ADDRESS						DOPESS				
CITY-ST-ZIP				5.4 Cr	1v - ST	ZIP				
TITLE			DELETE	6 1 TI]		[Change	Addition
NAME STREET ADDRESS				6 2 NA						
CHY-SI-ZIP	7					DDRESS				
14. I do hereby	certify that the information surplud	with this fi	ling is voluntarily fur	ished and o	laes	not qualify f	or the exemption stated in Section 119.	07(3)(k) Etc	rida Statut	tes I furtion
certify that t oath; that I	the information indicated bn##s abo am an officer or director of the copic	talion or t	the receiver or truste	idal report is 6 embower			ite and that my signature shall have the s report as required by Chapter 607, Flo			
appears in I	Block 12 or Block 13 if an illed for	or) an atta	chment with an addr	ess.			I I	. ou otautt	,o, or ici ti k	ж илу паяте
SIGNAT	URE: X //////	_)	CUY OS	Fo.	۰ ــــــــــــــــــــــــــــــــــــ	0.0	3/29/96	ろし	16,7	288
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