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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400000831 (5)

G. V. TRADING CO., S. A.

Principal Place of Business

Mailing Address

1900 NE 1719T STREET

## **FILED** Sep 03 1997 8:00am Secretary of State



N. MIAMI BEACH FL 33162			N. MIAMI BEACH FL 33162-3004								
	·					3. Date Incorporated 12/27/1993	for Qualified	3a. Date of 08/14/1		Report	
2. Principal P	lace of Business	1 1	2a. Mailing Address		n ele	4. FEI Number			<del></del>	pplied For	
21 8666	NW SAT	hstret	26 8666 N	W5	8 3110	65-0593539			4	lot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of State	us Desired	1 1 7		Additional lequired	
City & State 23 MIami Florida			City & State 28 MIDMI Florida			6. Election Campaig Trust Fund Contri	•	\$5.00 May Be Added to Fees			
Zip	Countr	21 +	7ip	Cou	ntry < A	8. This corporation h		~ ~		s. 199.032,	
24 <i>33/6</i>			29 33/66	30	777	Florida Statutes  10. Name and Addre		res No		· · · · · · · · · · · · · · · · · · ·	
	9, Name and Addre	ss of Current Re	egistered Agent		81 Name	10. Name and Addre	SS OI NEW HE	Jistered Agen	<u></u>	· · · · · · · · · · · · · · · · · · ·	
TRAGER, ROSS					Name						
	0 N. HIATUS ROAD IBROKE PINES FL 33	000			82 Street A	ddress (P.O. Box Number is	Not Acceptab	le)	_		
ren	idnune fines el 33	W20			83						
		_			84 City			FL 85	j Zip	Code	
11. Pursuant	to the provisions of Sect	tions <b>5</b> 07 0502 ar	nd 807 1508, Florida Stat	utes, the a	lL bove-named o	corporation submits this state	ement for the p		 ngina	its registered	
office or r	egistered agent, or both	n, in the state of t	Torida.)Such change was	s authorize	d by the corpo	corporation submits this state oration's board of directors.	I hereby accep	t the appointn	nent as	s registered	
	irr lariillar Witri, and acc		1/200	i ionda ola	otes.			lok	_		
SIGNATURE	Signature, typed or printed nave	of registered agent an	d fille if applicable (N	OTE Registere	d Agent signature i	equired when re-instating)		BATE 17	<u>/</u> _		
12.		FFICERS AND D		13.		ADDITIONS/CHAN	GES TO OFFIC				
TITLE	D		☐ DELFTE	1.1 7	TLE				Change	Addition	
NAME	GARCES, GABRIEL	•		1.2 N	AME	i					
STREET ADDRESS	7174 NW 50 ST.			1.3 S	IREE1 ADDRESS						
CITY-ST-ZIP	MIAMI FL 33166		- I or or		TY - ST - ZIP			7-1		T A A CO	
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NAME				2.2 N	1						
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NAME				3.2 N							
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NAME			percie	4.21				L '			
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CITY-ST-ZIP					1Y-\$1- <i>Z</i> IP						
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NAME				5.2 N	AME						
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NAME	,			6.2 N	AME						
STREET ADDRESS				6.3 S	REFT ADDRESS						
CITY-ST-ZIP				64C	TY-SI-ZIP						

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 eath; 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 13 if changed, or on an attachment with an address.

n8/25/97