

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000012633

1. Corporation Name

NORTH PACIFIC TRADING, INC.

May 06, 1999 8:00 am Secretary of State

05-06-1999 90271 037 ***150.00



Principal Place of Business		Mailing Address						BII FBIII OF		ITBIB HOID BI	(88 (4) 98 (4)) (88)	
2287 N.W. 102ND PLACE		2287 N.W. 102ND PLACE										
MIAMI FL 33172		MIAMI FL 33172				DO NOT WRITE IN THIS SPACE						
							3. Date Incorporated or					
							02/14/1994					
2. Principal Place of Business		2a. Mailing Address					4. FEI Number				Applied For	
21		26				65-0472437				Not Applicable	<u>. </u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certifcate of Status I	esired			Additional Required	
22		City & State								O May Be	\dashv	
City & State		⊢ , ·					 Election Campaign F Trust Fund Contribut 	_		-	U мау ве d to Fees	
Zip Country		Zip	Zip Countr				8. This corporation owes the current year Intangible				7	
24	[25]	29		30	•		Personal Property Ta		,	Yes	≝ No	
	9. Name and Address of Curre		Agent	<u> </u>	L.		10. Name and Address	of New F	Registered	Agent		\Box
					81	Name						
	IRRE, ALFREDO			•	82	Street Ac	dress (P.O. Box Number is No	t Accepta	able)			
2287 N.W. 102ND PLACE										.		
MIAN	MI FL 33172				83							
					84	City			FL	85 Zi	p Code	
44 Durauant	to the provisions of Sections 607.05	02 and 607 15	OS Florida Statut	tes the at	bove	-named co	progration submits this stateme	nt for the	purpose of	changing	its registered	-
office or r	egistered agent, or both, in the State	e of Florida. Sι	ich change was a	authorized	d by t	tne corpora	ation's board of directors. I her	eby accer	t the appoi	ntment as	registered	
agent. I a	m familiar with, and accept the oblig	jations of, Sect	ion 607.0505, Fig	วทดล รเลเบ	utes.							
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applic	able. (NOTE	E: Registered	I Agent	t signature requ	uired when reinstating)		DATE			_
SIGNATURE		gent and title if applic	RS	E: Registered	I Agent	t signature requ	uired when reinstating) ADDITIONS/CHANGE	S TO OF				
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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 embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapged, or or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED