

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

FILED

Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000022714 (7)

1. Corporation Name

PUGLIESI TRADING CORPORATION

Principal Place of Business

~~141 NW 3RD AVE.~~
~~SUITE 205~~
~~MIAMI FL 33132~~

Mailing Address

~~2018 E.C.C. DR. #2207~~
~~STE 2207~~
~~MIAMI FL 33180-3053~~
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1994

4. FEI Number

65-0476616

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 1625 N. MIAMI AVENUE

Suite, Apt. #, etc.

22 MIAMI

City & State

23 MIAMI FL 33136

Zip

24 33136

Country

25 USA

2a. Mailing Address

26 2018 S East Country Club Dr

Suite, Apt. #, etc.

27 2207

City & State

28 AVENTURA FL

Zip

29 33180

Country

30 USA

9. Name and Address of Current Registered Agent

PUGLIESE, MIRIAM A
141 NE 3RD AVE.
STE. 205
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name

MIRIAM MEZHER SILVA

82 Street Address (P.O. Box Number is Not Acceptable)

2018 S East Country Club Dr # 2207

83

84 City

AVENTURA

FL

85 Zip Code

33180

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

Miriam Mezher Silva

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PSTD
PUGLIESI, MIRIAM M
141 NE 3RD AVE. STE. 205
MIAMI FL 33132

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
PUGLIESI, MIRIAM M
141 NE 3RD AVE. STE. 205
MIAMI FL 33132

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. PRESIDENT CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

MIRIAM MEZHER SILVA

1625 N. MIAMI AV.

MIAMI FL 33136

ZIP: 33136

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VICE PRESIDENT/SH

MIRIAM MEZHER SILVA

1625 N. MIAMI AV. MIAMI

FL 33136

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.

SIGNATURE:

Miriam Mezher Silva

2/18/98 (305) 9327917

CR2E034 (10/97)