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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000027443

1. Corporation Name

EXCEL AIL	ANTIC TRADING, INC.					
Principal Place of	Business	Mailing Address .				
430 NW 12/1H AVE.			ļ			
MALE EL 99189			DO NOT WRITE IN	THIS SPACE	}	
US		US		3. Date Incorporated or Qualifed		}
				04/11/1994	Applied	For so
		a Molling Address		4. FEI Number	Applied Not App	
2. Principal Place of Business 2a. Mailing Address 2b. 2c. Mailing Address 2c. Mailing			65-0480426	\$8.75 Addition		
			5. Certifcate of Status Desired	Fee Require		
Suite, Apt. #, 6	etc.	\vdash		5. Certificate of States South		
22		27 City & State	———————— ھانيفان سياء تيجارھ	-6-Election Campaign Financing	\$5.00 May Added to Fe	
City & State		- -		Trust Fund Contribution		
23			Country	8. This corporation owes the current ye	ear Intangible │ ⊠ Yes □N	n
Zip	Country	_ ├ ┐	30	Personal Property Tax.	Zailes Lit	
24	25	[29] 	-	10. Name and Address of New Regis	tered Agent	
	9. Name and Address of Curr	ent Registered Agent	81 Name	•		
		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u> </u>	Address (P.O. Box Number is Not Acceptable)		
BARRE	IRINHAS, AGOSTINHO		82 Street	Agaress (P.O. Box Humber is not lossy being		
430 B\	N 127TH AVE.		83		酮乙酸基脂烷	1111
MIAMI	FL 33182		100		85 Zip Code	
			84 City	•	· [[']	1
		(m):		tion cultivite this statement for the purp	ose of changing its reg	istered
11. Pursuant to office or reg agent. I am	the provisions of Sections 607.0 gistered agent, or both, in the Sta familiar with, and accept the obl	igations of, Section 607.0300, 110	1100	corporation submits this statement for the purporation's board of directors. I hereby accept the	DATE	i
agent. I am	familiar with, and accept the obl	agent and title if applicable. (NOTE	1100	equired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS	i
agent. I am SIGNATURE	familiar with, and accept the obliginature, typed or printed name of registered OFFICERS	igations of, Section 607 0300, 110	: Registered Agent signature		DATE ERS AND DIRECTORS	i
agent. I am SIGNATURE 5	familiar with, and accept the oblinginature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE AND DIRECTORS DELETE	Registered Agent signature 13. 1.1 TITLE 1.2 NAME	equired when reinstating). ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS	i
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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 trag 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 trustless 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 or an attachment with an address, withhall other like empowered.

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90010 048 ***158.75