

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

NOT RECORDED
AND
FILED

95 JUL -5 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **P94000032409 (2)**
1. Corporation Name:
A A INVESTMENTS & TRADING CORP.

Principal Place of Business: **42 S.W. 34TH AVENUE MIAMI FL 33135**
Mailing Address: **42 S.W. 34TH AVENUE MIAMI FL 33135**

2. Principal Place of Business:		2a. Mailing Address:		3. Date Incorporated or Qualified: 04/28/1994	3a. Date of Last Report:
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. Fed. Number: 65-0490533	Applied For: ☐ Not Applicable		
22. City & State:	27. City & State:	5. Certificate of Status Desired: ☐	\$8.75 Additional Fee Required		
23. City & State:	28. City & State:	6. Election Campaign Financing Trust Fund Contribution: ☐	\$5.00 May Be Added to Fees		
24. City & State:	29. City & State:	7. This corporation has complied for incorporation fee under R. 166 from Florida Statutes: ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent:		10. Name and Address of New Registered Agent:	
AMADO, ALFRED J 42 S.W. 34TH AVE. MIAMI FL 33135		81. Name:	
		82. Street Address (P.O. Box Number is Not Acceptable):	
		83. City:	
		84. State: FL	
		85. Zip Code:	

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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: _____ (Signature of Registered Agent or Registered Agent's Representative)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
PD	AMADO, ALFRED J	1. TITLE	☐ Change ☐ Addition
STREET ADDRESS:	42 S.W. 34TH AVE.	2. NAME	
CITY, ST. ZIP	MIAMI FL 33135	3. STREET ADDRESS:	
		4. CITY, ST. ZIP	
SVD	AMADO-ROJAS, JESUS H	21. TITLE	☐ Change ☐ Addition
STREET ADDRESS:	42 S.W. 34TH AVE.	22. NAME	
CITY, ST. ZIP	MIAMI FL 33135	23. STREET ADDRESS:	
		24. CITY, ST. ZIP	
		31. TITLE	☐ Change ☐ Addition
		32. NAME	
		33. STREET ADDRESS:	
		34. CITY, ST. ZIP	
		41. TITLE	☐ Change ☐ Addition
		42. NAME	
		43. STREET ADDRESS:	
		44. CITY, ST. ZIP	
		51. TITLE	☐ Change ☐ Addition
		52. NAME	
		53. STREET ADDRESS:	
		54. CITY, ST. ZIP	
		61. TITLE	☐ Change ☐ Addition
		62. NAME	
		63. STREET ADDRESS:	
		64. CITY, ST. ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information submitted 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 on the back of or back of each page of this report as an officer or director.

SIGNATURE: *Amado* **JESUS H. AMADO ROJAS**
VICE-PRESIDENT 6/20/95 (301) 442-9928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR