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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # POAGOGE 1226

1. Corporation Name FIRST IN TRADE USA, INC.							
THIOT III	THINDE GOTH ING.						
Principal Place	e of Business	Mailing Address				E BARKI OBIOI DIIDI HOID HOID	11810 8411 1081
7031 GRAND NATIONAL DR 7031 GRAND NATIONAL DR							
SUITE 110 SUITE 10					DO NOT WRITE IN THIS SPACE		
ORLANDO FL 32809 ORLANDO FL 32809			ť		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
US		US			07/07/1994		
2 Principal Pi	ace of Business	2a. Mailing Address			FEI Number	— Ap	plied For
21	acc of Eddinioss		but ct	9	59-3254768	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75	Additional
22		27		-5(	Certificate of Status Desired	Fee Re	equired
City & State		City & State			Election Campaign Financing	\$5.00	May Be
23	-	28 ORCANDO,	FL	-	Trust Fund Contribution	Added 1	to Fees
Zip	Country	Zip	Country		This corporation owes the curre		_
24	25	29 32836 30	ORONG &		Personal Property Tax.	Yes	<b>À</b> No
	9. Name and Address of Current	Registered Agent		10.	Name and Address of New Re	egistered Agent	
CICA	ACINIA MARCOC D		81 Name				ļ
CIGAGINA, MARCOS P			82 Street	Address (P.	O. Box Number is Not Acceptab	ole)	
7031 GRAND NATIONAL DR							
#110 ORLANDO FL 32819			83				ļ
UKL	ANDO FL 32819		84 City			85 Zip (	Code
						FL   S	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes, f Florida. Such change was auth	, the above-named of norized by the corpo	corporation oration's boa	submits this statement for the part of the part of directors. I hereby accept	the appointment as re	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.		•		
SIGNATURE						DATE	
	Signature, typed or printed name of registered agent OFFICERS AND		egistered Agent signature re		DDITIONS/CHANGES TO OFF		ORS IN 12
12.	P OFFICERS AND	DELETE	1.1 TITLE				Addition
	CIGAGNA, MARCOS R	<b>24</b> 5555	1.2 NAME	Paulo	O M. CIGAGNA	·	, i
NAME	THE COLLEGE MATICALL DO MAKE		1.3 STREET ADORESS		s Bright CT		
STREET ADDRESS	ORLANDO FL 32819	110	1.4 CITY-ST-ZIP	OKWA	000, FC 32836		
C/TY-ST-ZIP TITLE	S	□ DELETE	2,1 TITLE		···	Change	Addition
	CIGAGNA, MARCOS P		2.2 NAME				_
NAME	7031 GRAND NATIONAL DR, #	110	2.3 STREET ADDRESS				i
STREET ADDRESS	ORLANDO FL 32819	110	2. 4 CITY-ST-ZIP				1
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE		<u></u>	☐ Change	Addition
NAME	^		3.2 NAME				ļ
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP	٠.		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4,1 TITLE		<u> </u>	☐ Change	☐ Addition
NAME		<del>-</del> ,	4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP			•	
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME		<del>-</del>	5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE	1995 27 2 38	☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME	<b>[</b>		6.2 NAME				

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 suppliemental 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 adactment with an address, with/all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRÉSS

(407)354 3033