

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000052455 (0)**

1. Corporation Name

AMERICAN TRADING BUSINESS CORP.



Principal Place of Business

**10701 NW 24TH STREET
CORAL SPRINGS FL 33065**

Mailing Address

**10701 NW 24TH STREET
CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified
07/12/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **1823 UNIVERSITY DR**

2a. Mailing Address

26 **1823 UNIVERSITY DR**

4. FE

65-0605398

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **CORAL SPRINGS, FL**

City & State

28 **CORAL SPRINGS, FL**

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

24 **33071**

Country

25 **USA**

29 **33071**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**SAKAYA, RUMI
10701 NW 24TH STREET
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 *Rumi Sakaya* **RUMI SAKAYA**

04.19.96

Signature typed or printed name of registered agent and the applicant

DATE Registered Agent Signature required when not filing

DATE

12. OFFICERS AND DIRECTORS

TITLE **M**
NAME **SAKAYA, RUMI**
STREET ADDRESS **10701 N W 24TH ST**
CITY-STATE-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **HELIO SAKAYA**
2.3 STREET ADDRESS **10701 NW 24TH ST**
2.4 CITY-STATE-ZIP **CORAL SPRINGS FL 33065**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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)(k), 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 *Helio Sakaya* **HELIO SAKAYA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96
Date

954-753-5891
Telephone Number

CR2E034 (12/95)