1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000054713

1. Corporation Name

SOUTH MOON TRADING CORPORATION, INC.

Principal Place of Business	Mailing Address
1638 MANDARIN MANOR	P O BOX 24454

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90021 013 ***150.00



Principal Place	of Business	Mailing Address					T 199(1991 HR 1911) PIPH BYII! BI	*** ***** ****	·	.,, 1881	
1638 MANDARIN MANOR JACKSONVII.LE FL 32223 US		P O BOX 24454 JACKSONVILLE FL 32241 4454 US				DO NOT WRI	TE IN THE	S SPACE			
03							3. Date Incorporated or Qualifed				
						07/2	22/1994			\	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Ap	polied For	
21 11860	MANDARIN RD.	26				59-3	3266789		No	Applicable	
Suite, Apt.		Suite, Apt. #, etc.	~			5. Certi	fcate of Status Desired		\$8.75 <i>F</i> ee Re		
City & State	LSONVILLE FLA	City & State					tion Campaign Financing t Fund Contribution		\$5.00 Added t	•	
Zip 24 32.2	Country	Zíp 29	Со. 30	ıntry		i	corporation owes the cur onal Property Tax.	ent year Ir	ntangible Yes	₫No	
	9. Name and Address of Current	Registered Agent				10. Nam	e and Address of New	Registered	d Agent		
				81 N	ame						
SPADARO, CARL R 1638 MANDARIN MANOR ROAD JACKSONVILLE FL 32223				82 Si	reet Add	ress (P.O. Bo.: Number is Not Acceptable) O MANDARIN ROAU				-	
				84 C	ity			FI	85 Zip (Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or bcth, in the State α π familiar with, and a ccept the obligate	f Florida. Such change was	s authorized	d by the	med corpor at	poration subr ion's board o	m ts this statement for the f directors. I hereby acce	purpose o	of changing its ointment as re-	egistered cistered	
SIGNATURE										}	
	Signature, typed or printed n: me of registered agen		- 	d Agent sign	ature red Jir	red when reinstation	ng: TI-DNS/CHANGES TO OF	DATE	ND DIDECTO	128 IN 12	
12.	P OFFICERS AND	DELETE	13.	on c		ADDI	II JNS/CHANGES TO OF	FICERS 4	Change	Addition	
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NAME	KIM R. SPADARO		1.2 N	AME	//	101-11	17NOARIN RO	AN			
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NAME			62 N								
STREET ADDRESS			6.3 S	TREET ADD	RESS						

14. Therety 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: