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

PROFIT CORPORATION ANNUAL REPORT 1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000057967 (9)

SOUTH NORTH WAY TRADING, INC.

FILED May 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 4289 S. REFELTIONS BLVD 4289 REFLECTIONS BLVD SUITE 205 SUITE 205 SUNRISE FL 33351 SUNRISE FL 33351-8251					-	
US	•		US		3. Date Incorporated or Qualific 08/05/1994	d 3a. Date of Last Report 05/01/1996
14.00	lace of Busines	11711 Shoot	2a. Mailing Address	17H Shu	4. FEI Number	Applied For
Sulte, Apt.		4 7771 01080	26 10200 N Suite, Apt. #, etc.	D TITL CTU	Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	ise FL	. 33351	City & State 28 Suni	se, FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33!		Country	^{Zφ} 33351	30 USA	Ftorida Statutes	or intangible tax under s. 199.032, ☐ Yes ☐ No
		d Address of Curren	t Registered Agent	81 Name -	10. Name and Address of New	Registered Agent
CARDOSO, FRANCISCO H 4289 S. REFLECTIONS BLVD SUITE 205 SUNRISE FL 33351					UNANA FRANCA Iress (P.O. Box Nymber i Not Accen	table)
				84 City Fa	et Land	FL 85 Zip Code 383 04
SIGNATURE	. >~~	vinted name of registered age	ont and title if applicable (NO	II Registerea Agent signature requ	irea when reinstating)	e purpose of changing its registered cept the appointment as registered by the appointment as regis
12.	Р	OFFICERS AND	D DIRLCTORS DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS		FRANCISCO H FLECTIONS BLVD		1.2 NAME 1.3 STREET ADDRESS		Change B Addition
CITY-ST-ZIP		RESIDENT	DELETE	1.4 CITY - ST - 7IP 2.1 TULE	11.100 m	Change Addition
NAME STREET ADDRESS		AS ABOVE	<u> </u>	2.2 NAME 2.3 STREET ADDRESS	DJACI ALVES DE 10200 NW 47+L	Street S
CITY-ST-ZIP				2 4 CHY+ST-7/P	Sunnie, Fh 3	3351
NAME STREET ADDRESS	TREASO SAME	AL ABOVE	☐ DETELIE	3.2 NAME	reasurer Jaci Alves de Paoo nu y 7th, s	Change Addition
CITY-ST-ZIP	SECRE	raev	DETETE	3.4. CITY-ST-ZIP	unrice, FL 333.	Change Addition
NAME	SAME	AS ABOV			ecretary Rancisco <i>j</i> y ca ri	_ , , , , ,
STREET ADDRESS		• •				
CITY-ST-ZIP			DELETE	44 (ДТҮ-SТ-ZIP S 51 ППLE	unise, FL 33.	Change Addition
TITLE			E-1 bettit	5.2 NAME		El pumpo El voniton
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CHY-S1-ZIP		
TITLE			DELETE	6.1 T(T) E		Change Addition
NAME				G.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		
CITY-ST-ZIP			1 20	6.4 C/TY - S1 - ZIP	1/ 0 140 07/0/07 50 50	

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 eath; 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 23 chapter in an attachment with an address.