)8201999-90005-050-$508.75-$508.75

999.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90005 050 ***508.75
09-08-1999 90001 045 ****50.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000061551

1. Corporation Name
SAVCO TRADING, INC.

Principal Place of Business	Mailing Address
4080 COCO PLUM CIRCLE COCONUT CREEK FL 33063 US	4080 COCOPLUM CIRCLE COCONUT CREEK FL 33063 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1994

2. Principal Place of Business (21)	588 NW 113TH TER
Suite, Apt. #, etc. (22)	
City & State (23)	CORAL SPRINGS FL
Zip (24) / Country (25)	33071 / U.S.A
2a. Mailing Address (26)	588 NW 113TH TERRACE
Suite, Apt. #, etc. (27)	
City & State (28)	CORAL SPRINGS FL
Zip (29) / Country (30)	33071 / U.S.A

4. FEI Number: 65-0512831 — ☐ Applied For ☐ Not Applicable

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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VASCO, BRUNO L EMOS
4080 COCOPLUM CIRCLE
COCONUT CREEK FL 33063

10. Name and Address of New Registered Agent

81 Name: VASCO BRUNO DE LEMOS
82 Street Address (P.O. Box Number is Not Acceptable): 588 NW 113TH TERRACE
83
84 City: CORAL SPRINGS FL — 85 Zip Code: 33071

11. Pursuant to the provisions of sections 607.0502 and 607.1008, 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: VASCO B. LEMOS — 08/12/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT LEMOS, VASCO B 4080 COCOPLUM CIRLCE COCONUT CREEK FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DPT LEMOS VASCO B. 588 NW 113TH TERRACE CORAL SPRINGS FL 33071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LEMOS, MARILENE F 4080 COCOPLUM CIRCLE COCONUT CREEK FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DP LEMOS, MARILENE F. 588 NW 113TH TERRACE CORAL SPRINGS FL 33071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/99)

14. I hereby 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 changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED VASCO B. LEMOS 08/12/99 (954) 341-2411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #