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

**PROFI1 CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

,	MENT # P94000 RADING COMPANY, INC.	0065616 (2)			1114: 6:14 6:14 1:14 1:14 1:14 1:14 1:14
Principal Place	e of Business	Mailing Address			OLIBI BIILD BIILD ILOID DILI IODI
8092 NW 67 ST Miami FL 33166		8092 NW 67 ST			
		MIAMI FL 33166		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
		,	,	09/07/1994	
<b>⊢</b> ¬ ′	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#. etc	Surte, Apl. #, etc.		65-7541877	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip □1	Country	8. This corporation owes or has paid the	
24	25 9, Name and Address of Currer		30	Personal Properly Tax due June 30.  10. Name and Address of New Registers	Yes No
TEC	SONE, ALBERTO		81 Name	to. Name and Address of New Registere	70 Ayon
	2 NW 67 ST		20 0 10 1	(0.0.0.1)	· · · · · · · · · · · · · · · · · · ·
MIAMI FL 33166			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
. ye			83		
			84 City		. 85 Zip Code
				F	L   '   '
agent. I ar SIGNATURE	egistered agont, or both, in the State in familiar with, and accept the oblig Standar, special protestions of each stage	ations of, Section 607.0505, For	ilborized by the corporal ida Statules.  Begistered Agent signatur requi	oration submits this statement for the purpose bon's board of directors. Thereby accept the a	ppointment as registered
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D TECOME ALBERTO	☐ D€LETE	1.1 111(		Change Addition
NAME	TESONE, ALBERTO 8092 NW 67 ST		1.2 NAME		
STREET ADDRESS  CITY-ST-ZIP	MIAMI FL 33166		1.3 STREET ADDRESS		
TITLE	MICHITE COTO	DELETE	2.1 Tillf		Change Addition
NAME		·	2.2 NAME		<u> </u>
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIF		
TITLE		☐ DELETE	3.1 THE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DEČETĒ	3.4 CITY-ST-ZIP 4.1 TILLE		Change Addition
NAME		E3 beent	4. 2 NAME		CT Olianiae CT Magnition
STREET ADDRESS	4		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>L</b>		4.4 CITY-S1-ZIP		
TITLE		DELETE	5 1 TITLE	<del>zggggzą a</del> ra	Diange Addition
NAME			5.2 NAME	-04/23/9801002I	U32'
STREET ADDRESS			5.3 STREET ADDRESS	***±50.00	
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TILE		Change Addition
NAME Street address			6.2 NAME 6.3 STREET ADDRESS		, \\V
PHACE I MANUEL 29			■ na otatri AUDBCoo i		- 1 . 1 X X

14. I hereby cortify 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early 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 13 if changed, or or an attachment with an articles.

64 CITY - S1 - ZIP

115 68 120x 1500 mins

**FILED** 

Apr 22 1998 8:00am

Secretary of State