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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9400069795

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90030 050 ***150.00

RAMOS '	Y PINHEIRO TRADING, INC	•		(PRICEDON 114 (1814) 1814) 1814)	NOME NOME COMO CAMO ANTE ANTO ANTO ANTO ANTO ANTO
Principal Place	e of Business	Mailing Address		# 10851081 (38 AB511 #101) BOULU	IDIIS B1131 08310 83110 19131 18110 18110 8110 1811
1501 PALM AVE		1501 PALM AVE			
SUITE 2	-	SUITE 2			
HIALEAH FL 330	010-3031	HIALEAH FL 33010-3031			RITE IN THIS SPACE
US		US		3. Date Incorporated or Qualifer 09/22/1994	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 <i>3</i> 82	W 37 25	26 382 W	<u>37 > T'</u>	65-0529980	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State	t-d	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 <i>F-JC G</i> Zip	Country	Zip	Country	8. This corporation owes the cu	
24 3301		⊢	30 Mism. Da		, XYes □No
<u> </u>	9. Name and Address of Current			10. Name and Address of New	Registered Agent
			81 Name		
HERREVA, MANUEL			82 Street Ac	dress (P.O. Box Number is Not Accep	table)
	N. BAY ROAD APT. 1010				
SUN	NY ISLES FL 33160		83		
			84 City		FL 85 Zip Code
				the state want for the	e nurnose of changing its registered
dd Diwayana	to the provinces of Sections 607.050	2 and 607 1509 Florida Statut	se the shove-named co		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was a	ithorized by the corpora	ation's board of directors. I hereby acc	ept the appointment as registered
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CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

Daytime Phone #