1999

1. Corporation Name D.L. TRADING, INC.



DOCUMENT # P94000078620

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90032 034 \*\*\*158.75



Principal Plac	e of Business	Mailing Address	·····	( )\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
16919 N. BAY ROAD. #406		16919 N. BAY ROAD. #406 MIAMI FL 33160			
MIAMI FL 3316	o .	MIRMI FL 33100		DO NOT WRITE IN TI	HIS SPACE
				Date Incorporated or Qualifed     10/24/1994	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1961	D NE 26AV	26 19310 NE	26AV	65-0522828	Not Applicable
Suite, Apt.	<del> </del>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Stat		City & State	 مالىمىكىمىدى	6. Election Campaign Financing	\$5.00 May Be
23 MIAN	MI - FLORIDA	28 MIAMI - F	LORIDA	Trust Fund Contribution	Added to Fees
zip 24 33 18	O 25 () C	<sup>Zip</sup> 33480 3	Country	This corporation owes the current year     Personal Property Tax.	Intangible ☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
	20 50444		81 Name		
LOES, DILMA 16919 N. BAY ROAD, #406			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
			ou ou nadi	000 (1101 DOX 1101 1101 1101 1101 1101 1101 1101 11	
MIAI	MI FL 33160		83		
			84 City		85 Zip Code
			04 City	F	L   03   2   3   3   3   3   3   3   3   3
office or r	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obligat	of Florida. Such change was auth	norized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE					
	Signature, typed or printed name of registered ager	· · · · · · · · · · · · · · · · · · ·	egistered Agent signature require		
12.		DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	P P P P P P P P P P P P P P P P P P P	Deceie	1,1 TITLE		E-curinge
NAME	LOES, DILMA		1.2 NAME	aINO NE 16AV	
STREET ADDRESS	1		1.3 STREET ADDRESS A	9610 NE 26AV MANI-FL 33180	ì
CITY-ST-ZIP	MIAMI FL 33160	☐ DELETE	1.4 CITY-ST-ZIP V	TRM1-FZ 33700	☐ Change ☐ Addition
TITLE		Beccie			
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			3.2 NAME		
NAME		مسيستيرسي	3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS	1		3.3 STREET ADDRESS		
CITY-ST-ZIP			24 CITY ST 7ID		
		□ DELETE	3.4. CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
TITLE NAME		☐ DELETE	4.1 TITLE 4.2 NAME		☐ Change ☐ Addition
TITLE NAME STREET ADORESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME		☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		_	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition

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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR