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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000080484**

Corporation Name

FILED Feb 16, 1999 8:00am Secretary of State

02-16-1999 90012 008 ***150.00

PEMUR	TRADING CORP.								
Principal Place	e of Business	Mailing Address				\$ 108(100) IIA (All) SISTI OI	isti dälli käiti mula	, 1811, <u>\$</u> 810, 9199,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2330 N.W. 82ND AVENUE 2330 N.W. 82ND AVENUE									
MIAMI FL 33126 MIAMI FL 33126						. DO NOT	WRITE IN THIS	S SPACE	
						3. Date incorporated or Qua	lifed	-	-
						11/02/1994			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			lied For
21		26				65-0532106			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	e, Apt. #, etc			5. Certificate of Status Desir	ed 🗝 🖆 👓	\$8.75 Ac	dditional.
22		City & State							
City & State	e	<u>├</u> ─┐ *	City & State			Election Campaign Finan Trust Fund Contribution	ang 🗆	Added to	
Zip	Country	28	Cou	intry		8. This corporation owes the	current year Ir		
24	25	29	30	•		Personal Property Tax.			No
24	9. Name and Address of Currer					10. Name and Address of N	ew Registered	d Agent	
				81	Name				
RAUL PEDRAZA 2330 NW 82 AVENUE MIAMI FL 33122				82	Street Addre	ess (P.O. Box Number is Not Ac	ceptable)		
				83					
: 				84	City		FI	85 Zip C	
11. Pursuant office or nagent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.							ointment as reg	egistered
SIGNATORE	Signature, typed or printed name of registered age			Agent	signature required	ADDITIONS/CHANGES TO	DATE	ND DIRECTOR	2S IN 12
12.		ND DIRECTORS	13. 1.1 Ti	mc		ADDITIONS/CHANGES IN	OFFICERS A	Change	Addition
TITLE	D DEDDAZA DALII		1.1 N						_
NAME	PEDRAZA, RAUL 2330 N.W. 82ND AVENUE		1	4 4 7 14.4					1
STREET ADDRESS	MIAMI FL 33122		135	TREET	ADDRESS 1				
CITY-ST-ZIP	D				ADORESS				
NAME	MURCIANO, CARLOS	☐ DELETE		ITY-ST	1			Change	. Addition
STREET ADDRESS			1.4 CI	TTY-ST-	1			Change	. Addition
CITY-ST-ZIP		☐ DELETE	1.4 CI 2.1 TI 2.2 N	TTY-ST- TILE IAME	1			☐ Change	. Addition
	2330 N.W. 82ND AVE.	□ DELETE	1.4 Cl 2.1 Tl 2.2 N 2.3 S	TTY-ST- TILE IAME	-ZIP ADDRESS			.	
TITLE		☐ DELETE	1.4 Cl 2.1 Tl 2.2 N 2.3 S	ITY-ST- ITLE IAME STREET	-ZIP ADDRESS			☐ Change	. Addition
NAME	2330 N.W. 82ND AVE. MIAMI FL 33122		1.4 Cl 2.1 Tl 2.2 N 2.3 S 2.4 C	TITY-ST- TITLE LAME TREET CITY-ST TITLE	-ZIP ADDRESS			.	
'	2330 N.W. 82ND AVE. MIAMI FL 33122		1.4 CI 2.1 TI 2.2 N 2.3 S' 2.4 C 3.1 TI 3.2 N	TITY-ST- TITLE IAME TREET CITY-ST TITLE IAME	-ZIP ADDRESS		名:英籍10代	.	
NAME	2330 N.W. 82ND AVE. MIAMI FL 33122	☐ DELETE	1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C	CITY-ST- TILE LAME CITY-ST TILE LAME CITY-ST CITY-ST CITY-ST CITY-ST	-ZIP ADDRESS T-ZIP ADDRESS			Change	☐ Addition
NAME STREET ADDRESS	2330 N.W. 82ND AVE. MIAMI FL 33122		1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI	CITY-ST- TILE STREET, CITY-ST TILE LAME STREET, CITY-ST TILE	-ZIP ADDRESS T-ZIP ADDRESS			.	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	2330 N.W. 82ND AVE. MIAMI FL 33122	☐ DELETE	1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 C 4.1 TI 4.2 N	ITY-ST- ITLE IAME ITREET, ITLE IAME ITREET, ITLE IAME ITREET, ITLE ITTLE INAME	ADDRESS T-ZIP ADDRESS T-ZIP T-ZIP			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	2330 N.W. 82ND AVE. MIAMI FL 33122	☐ DELETE	1.4 Cl 2.1 Tl 2.2 N. 2.3 S' 2.4 C 3.1 Tl 3.2 N. 3.3 S 3.4 C 4.1 Tl 4.2 N. 4.3 S	TITY-ST- TITLE LAME STREET, STREET, STREET, STREET, STREET	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 4- ADDRESS 4- ADDRESS		All of Market States of the St	Change	☐ Addition
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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 suppliemental 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 very attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

;R2E034 (11/98)