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**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P94000088697

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90221 030 \*\*\*150.00

FOUR WOODS TRADING, INC. Principal Place of Business Mailing Address 717 PONCE DE LEON BLVD 717 PONCE DE LEON BLVD DO NOT WRITE IN THIS SPACE CORAL GABLES FL 33134 **CORAL GABLES FL 33134** 3. Date Incorporated or Qualifed 12/06/1994 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0547897 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc: Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FABRE, FRANK R. S Street Address (P.O. Box Number is Not Acceptable) 717 PONCE DE LEON BLVD #234 83 **CORAL GABLES FL 33134** 84 85 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE Change ☐ Addition 1.1 TITLE TITLE FEIJOO, MANUEL I 1.2 NAME NAME 8390 SW 2 ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33134 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ Change ☐ DELETE 2.1 TITLE TITLE EGUARAS, GUSTAVO E 2.2 NAME NAME 1305 SW 40 AVE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33134 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE AS 3.1 TITLE FABRE, FRANK R. S 3.2 NAME NAME 717 PONCE DE LEON BLVD #234 3.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE □ Change 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change □ DELETE TITLE

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.

62 NAME

63 STREET ADDRESS

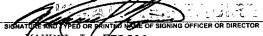
6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP



4-27-1999

305-266-2296

Daytime Phone #

CR2E034 (11/98)