Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

₩No

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000092915

1. Corporation Name

US EXPORT TRADING, INC.

Country

9. Name and Address of Current Registered Agent

Prin Stal Place of Business 120 NO. DIXIE HWY ₹ 704

2. Principal Place of Business

Suite, Apt #, etc.

City & State

21

22

23

24

Zip

720 NO DIXIE HWY # 704

2a. Mailing Address

26

27

28

29

Zip

Mailing Address

L'ANTANA, FL. 33462

JARI KORKIAKOSKI

LANTANA, FL. 33462

Suite, Apt. #, etc.

City & State

FILED Sep 23, 1999 8:00 am Secretary of State

09-23-1999 90002 012 ***550.00

6	8968 - 900	77 - 17	8 *

3. Date Incorporated or Qualifed

65-0549500

5.-Certificate of Status Desired-

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

01/01/95 4. FEI Number

DO NOT WRITE IN THIS SPACE

- - 🖸 -

NAME STREET ADDRESS JARI KORKIAKOSKI 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP Change Addition Additio	720 NO. DIXIE HWY., # 740		82	82 Street Address (P.O. Box Number is Not Acceptable)						
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 agent, or, polity in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or, polity in the State of Florida Statutes. Commandation of registered agent, or, polity in the State of Florida Statutes. Commandation of Ortical Stat	LANTANA, FL. 33462			83	83					
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office or registered agent, gr.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 agent and in any accept the obligation of Section 607 0505. Florida Statutes. SIGNATURE 12.					0,	FL	. 00 -	_		
NOTE: Registered Agent signature required when rematating) DATE	office or re-	gistered agent, or both, in the State of Florida, Such	i change was autho	orized by t	-named he corpo	pration's board of directors. I hereby accept the appoin	ntment as	its registered registered		
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CITY-ST-ZIP	NAME			2.2 NAME				İ		
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A house particular the internal to a second of the transfer of	CITY - ST- ZIP		[6.4 CITY-ST	ZIP					

Country

81 Name

30

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 coporation 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: GHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #