

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murphree  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000017618 (6)**

1. Corporation Name

**MERIDIAN TRADING CORPORATION**

2. Principal Place of Business

**121 S.E. 1ST STREET, SUITE 904  
MIAMI FL 33131**

3. Mailing Address

**121 S.E. 1ST STREET, SUITE 904  
MIAMI FL 33131**



2. Principal Place of Business

2a. Mailing Address

26. Street Address

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

**BARBOSA, ANTONIO  
121 S.E. 1ST STREET, SUITE 904  
MIAMI FL 33131**

3. Date Incorporated or Qualified

**03/03/1995**

3a. Date of Last Report

4. FEI Number

**58-2159727**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Numbers Not Acceptable)

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Section 119.07(2)(a) and (3)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, principal place of business, or principal place of business. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida.

SIGNATURE

*[Signature]*

*1/17/96*

12. OFFICERS AND DIRECTORS

**D BARBOSA, ANTONIO  
121 S.E. 1ST STREET, SUITE 904  
MIAMI FL 33131**

**D DO CARMO, AMANDIO  
121 S.E. 1ST STREET, SUITE 904  
MIAMI FL 33131**

**D DO CARMO, AMANDIO  
121 S.E. 1ST STREET, SUITE 904  
MIAMI FL 33131**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME  
1. STREET ADDRESS  
1. CITY & STATE  
2. NAME  
2. STREET ADDRESS  
2. CITY & STATE  
3. NAME  
3. STREET ADDRESS  
3. CITY & STATE  
4. NAME  
4. STREET ADDRESS  
4. CITY & STATE  
5. NAME  
5. STREET ADDRESS  
5. CITY & STATE  
6. NAME  
6. STREET ADDRESS  
6. CITY & STATE

14. I hereby certify that the information supplied by this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included in this filing is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person authorized to execute this report as required by Chapter 617, Florida Statutes, and that my name is in Block 12 or Block 13 of this filing.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/17/96 (305) 372-0996*

CR2E034 (12/95)