

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P95000018251 (5)**

1. Corporation Name

**C.M.C.O. TRADING CORPORATION**



Principal Place of Business

**2254 N.W. 82ND AVENUE  
MIAMI FL 33122**

Mailing Address

**2254 N.W. 82ND AVENUE  
MIAMI FL 33122**

3. Date Incorporated or Qualified

**03/03/1995**

3a. Date of Last Report

2. Principal Place of Business

21 **2202 NW 82 AVE**

2a. Mailing Address

25 **2202 NW 82 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**65-0563705**

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

23 City & State

**MIAMI FL**

27 City & State

**MIAMI FL**

24 Zip

**33122**

Country

**USA**

29 Zip

**33122**

Country

9. Name and Address of Current Registered Agent

**PRATS, GABRIEL  
151 MAJORCA AVE.  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PTD  
OLIVEIRA, LUIZ E**  
STREET ADDRESS **2254 N.W. 82ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☐ DELETE

NAME **VD  
MAGALAHES, CINDY C**  
STREET ADDRESS **2254 N.W. 82ND AVENUE**  
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**9357 FOUNTAINBLEAU BLVD  
MIA. FL. 33172  
#D402**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**9357 FOUNTAINBLEAU BLVD #D402  
MIAMI FL. 33172**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Cindy Compagnone Magalhães*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/14/94**

**(305) 639-3486**

Date

Daytime Phone #

CR2E034 (12/95)