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

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE: X

DOCUMENT # P95000023917 (4)

1. Corporation Name

SFS TRADING COMPANY, INC.							
Principal Place	of Business	Mailing Address		4 18611361 319 18191 8111 8611 8611	1 88111 9911 3 119 83	.016 3016) (1881) 1881 (68 1
10410 SW 136 CT Miami Fl 33186		10410 SW 136 CT Miami Fl 33186	14114 411 111				
				3. Date Incorporated or Qualified 03/24/1995	3a. Date of I	ast Rep	port
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number 65-0566911		<u> </u>	pplied For
21 10410 SW 136th Court			TOTAL DISTRICTION OF THE PROPERTY OF THE PROPE				lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	}		\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing			<u>'</u>
-	Tland de	28 Miami, Fl	orido	Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		Zip Zip	Country	8. This corporation has liability for i			
33186	25 USA		30 USA Florida Statutes 🖫 Yes 🗌 No				
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New R	egistered Age	nt	
			81 Name S	TEINER, SANDRA			
MACDANIEL, JOHN M 82 Street Ad				ldress (P.O. Box Number is Not Acceptable)			
2 S BISCAYNE BLVD				10410 SW 136th Court			
SUITE 2	975		83				
MIAMI F	EL 33131		84 City		FL	5 Zip	Code 3186
		A	11	iami, ation submits this statement for the pur	nana ai ahanai	na ito so	aciatorad offica
SIGNATURE	Slovature, typed or printed name of registered age	Vorna	Registered Agent's gnature require	ation submits this statement for the port of directors. I hereby accept the application of directors and the port of directors. I hereby accept the application of the port of	6 DA E		
12.		DELETE	1. 1 TITLE	Applitoria, of paracolio of t		hange	Addition
NAME	D STEINISD SANDDA		1.2 NAME			-	_
STREET ADDRESS	STEINER, SANDRA 10410 SW 136 CT		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33186		1.4 C(TY - ST - ZIP				
TITLE	RIVSUITE SOTOS	☐ DELETE	2. 1 TITLE			hange	■ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			24 CITY-ST-ZIP	,			
TITLE		☐ DELETE	3 1 TITLE			Change	☐ Addition
NAME			3 2 NAME				
STREET ADDRESS			3.3. STREET ADDRESS				
CITY-ST-ZIP		□ DCLETC	3.4 CITY - ST - ZIP			Change	☐ Addition
TITLE		☐ DELETE	4. 1 TITLE		، النا	nange	
NAME			4.2 NAME 4.3 STREET ADDRESS				
STREET ADDRESS			4.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE		DELETE	5 1 TITLE			Change	Addition
NAME			52 NAME				
STREET ADDRESS			5 3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6. 1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-7IP			6.4 CHTY - ST - ZIP				
14. i do hereb	y certify that the information supplied	d with this filing is voluntarily furnis	shed and does not qualify	for the exemption stated in Section 119 ate and that my signature shall have the	.07(3)(k), Florida same ebal effe	a Statute oct as if	es. I further made under
oath; that appears ir	The information indicated on this at Lam an officer or director of the cor Block 12 or Block 13 if changed, c	rporation or the receiver or trustee or on an attachment with an addre	empowered to execute thess.	ate and that my signature shall have the is report as required by Chapter 607, F	lorida Statutes	and tha	at my name

x3/6/96 x3887769