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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000034537 (7)

E & A INTERNATIONAL TRADING INC.

Principal Place of Business

Mailing Address

LEA OF SHIP AVE

FILED May 21 1998 8:00am Secretary of State



SUITE 1010 MIAMI FL 331		190 SE 2ND AVE SUITE 1010 MIAMI FL 33131		DO NOT WRITE IN THIS SI 3. Date Incorporated or Qualified	PACE	
				05/03/1995		
	lace of Business	2a. Mailing Address	2 6 丁	4. FEI Number	Applied For	
21 6(70	> NW 173 ST.	26 6170 NW 17.	221.	65-0578425	Not Applicable	
Suite, Apt	434	Suite, Apt #, etc. 27 434		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	AMI, FC	City & State	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 35	2015 25 USA		Country SA		Yes No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	gent	
150 SE 2ND AVE				81 Name ALXANDE R. MARINS. 82 Street Address (P.O. Box Number is Not Acceptable) // //2//		
	ITE 1010		<u> </u>	120 NW 173 ST. #	434	
MU	AMI FL 33131		83			
			84 City	MIAM) FL	85 Zip Code 330 IS	
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 rogistered 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 posited name of registered agen		Registered Agent signature	required when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition	
NAME	MARINS, ALEXANDRE R		1.2 NAME			
STREET ADDRESS	6170 NW 173RD ST #434		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL 33015	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition	
TITLE NAME	MARINS, JOSE G	(Detect	2.1 HILE 2.2 NAME	'	C Automo C Location	
STREET ADDRESS	6170 NW 173RD ST #434		2.2 NAME 2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL 33015		2.4 CITY-ST-ZIP		ļ	
TITLE	***************************************	☐ DELETE	3.1 TITLE		Change Addition	
NAME		_	3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			44 CITY-ST-ZIP			
TITLE		☐ DELETE	51 TITLE		Change Addition	
NAME			52 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition	
TITLE			6.1 TITLE	'	Change Addition	
NAME			6.2 NAME	•		
STREET ADDRESS		•	6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - S1 - ZIP		Į.	

Thereby 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 supplyinghal 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 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 program attachment with an address.

untilas las