FILED

May 01, 1999 8:00 am Secretary of State

05-01-1999 90086 042 ***150.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500035809

1. Corporation Name

Principal Place of Business

TORONTO TRADING CORP.

201 ALHAMBRA CIRCLE 201 ALHAMBRA CIRCLE SUITE 981 7// SUITE 5 7// DO NOT WRITE IN THIS SPACE CORAL GABLES FL 33134 **CORAL GABLES FL 33134** 3. Date Incorporated or Qualifed 05/08/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 65-0585979 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State Election Campaign Financing \$5.00 May Be \Box Added to Fees Trust Fund Contribution 23 28 Country This corporation owes the current year Intangible Zip Country Zip **⊠**No 30 Personal Property Tax. 25 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RAPPORT, STEPHEN R Street Address (P.O. Box Number is Not Acceptable) 82 201 ALHAMBRA CIRCLE SUITE 5502 7// 83 **CORAL GABLES FL 33134** 84 City Zip Code F 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE 1.2 NAME TREVALE, LUIGI NAME 201 ALHAMBRA CIRCLE, #562 1.3 STREET ADDRESS STREET ADDRES CORAL GABLES FL 33134 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY+ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE

14. 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 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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADORESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SRE REQUIRED

DELETE

Change

☐ Addition

CR2E034 (11/98)