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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000036265

1. Corporation Name

MAS TRADING CORP.

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90038 036 ***150.00



·							
Principal Place of Business Mailing Address						• • • • • • • • • • • • • • • • • • • •	
		3375 S.W. 28TH TERRACE MIAMI FL 33133	:				
MIAMI FL 3313 	3	MIAMI PL 33133			DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		
ļ	•				05/09/1995		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21 26					65-0580562	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		- · - · - · - ·		5.~Certifcate of Status Desired	\$8.75		
22 27						quired	
City & State City & State				6. Election Campaign Financing	\$5.00		
23 28		C=		Trust Fund Contribution	Added t	o Fees	
24	Zip Country Zip [25] 29 30		Country	of the solution of the side of		□No	
	9. Name and Address of Currer		<u> </u>		10. Name and Address of New Register	d Agent	
			81	Name	<u>"-</u>		
VEGA, CARLOS E			82	Street Art	dress (P.O. Box Number is Not Acceptable)		
3375 S.W. 28TH TERRACE			02		areas (i . a. pox right por is recorded by		
MIAI	MI FL 33133		83				
	•		84	City		85 Zip (Code
ļ			- 1] -		┗╎╎╵	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes of Florida, Such change was auth	the above	e-named cor the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its pointment as re-	registered gistered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Florid	a Statutes		,		
SIGNATURE							
	Signature, typed or printed name of registered age	_ 	egistered Age	nt signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DS IN 12
12.	PD OFFICERS AF	ID DIRECTORS	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME	VEGA, CARLOS E		1.2 NAME			_ ,	_
STREET ADDRESS				ADDRESS			Į
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY-ST-ZIP				}
TITLE	VD	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	VEGA, ZOILA E		2.2 NAME	1			
STREET ADDRESS	ACCO AND ACCO STREET		2.3 STREE	raddress		•	İ
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2.4 CITY-S	iT-ZIP			
TITLE	ST	☐ DELETE 3.1 π				Change	Addition
) NAME	ZIRIO, DANTE		3.2 NAME	ļ			ĺ
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE	ĺ		Change	☐ Addition
NAME			4. 2 NAME			·.	{
STREET ADDRESS	.1		4.3 STREET ADDRESS		•		ļ
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELÉTE	5.1 TITLE	}	•	☐ Change	☐ Addition
NAME	4.5		5.2 NAME				· 1
STREET ADDRESS	1						1
	· · · · · · · · · · · · · · · · · · ·			TADORESS .		•	
CITY-ST-ZIP		□ DELETE	5.4 CITY-S			Change	☐ Addition
TITLE		☐ DELETE	5.4 CITY-S 6.1 TITLE			Change	☐ Addition
	,	☐ DELETE	5.4 CITY-S 6.1 TITLE 6.2 NAME			Change	☐ Addition

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.

SIGNATURE >

SIGNATURE RECORDING SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR