## 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 DOCUMENT #
1. Corporation Name

P95000040913 (2)

A & A TRADING CO, INC.

**FILED** Apr 25 1996 8:00 am Secretary of State

Principal Place of Business Mailing Address		A SERVICES OF COLUMN SERVICES CONTRACTOR SERVICES SERVICES CONTRACTOR SERVICES SERVI		
4 NORTH FEDERAL HIGHWAY DANIA FL 33004	4 NORTH FEDERAL HIGHWAY Dania Fl 33004			
			3. Date Incorporated or Qualified 05/22/1995	3a. Date of Last Report  NA. New.
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0595957	Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Gertificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Codintry	Ζφ	Country	8. This corporation has liability for inti	
24 25 9. Name and Address of Curre	29 ant Bagistered Arrent	30	Florida Statutes Yes  10. Name and Address of New Reg	No
5. Italia are Accress of Carr	ent negistered Agent	81 Name	10. Name and Address of New Neg	Instelled Agent
MAGGI, JOSEPH LEWIS				
4 NORTH FEDERAL HIGHWAY		82 Street A	dciress (P.O. Box Number is Not Acceptable)	
DANIA FL 33004		83		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.05	02 and 607 1508. Horida Stati	ites the above numed con	riscration submits this statement for the number	FL So Experience of the registered office.
or registered agent, or both, in the State of Flo familiar with, and accept the obligations of, Se	erida. Such change was author	ized by the conjoration's h	portro of directors. Thereby accept the appoint	tment as registered agent. Lam
SIGNATURE Signature, typed or pented name of registered age	or tracel his of acceptable.	NOTE: Biogistered Agent signature re	n it of and any reproductive t	DA*E
	ND DIRECTORS	I 13.	ADDITIONS/CHANGES TO OFFICE	
TITLE P.S.D.	DELETE	1 1 T:TLF		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  T.S.D.  T.S.D.  LEWIS  T.S.D.  LEWIS  T.S.D.  LEWIS  T.S.D.  LEWIS  T.S.D.  LEWIS  T.S.D.  T.	Magai	1.2 NAME		
STREET ADDRESS	,,,,,,,,	1.3 STREET ADDRESS		
CITY-ST-ZIP DANIG FL 33	004	1.4 C+TY - ST - ZIF		
TITLE	DELETE	2 1 THE		Change Addition
NAME		2.2 NAME		<del></del>
STREFT ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 C/TY - ST - ZIP		
TITLE	☐ DELETE	3 1 TrTLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-7IP		3.4 C(TY - ST - Z)P		
TAILE	☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
City+St-ZiP		4 4 CITY - S1 - ZIP		
TITLE	☐ DELETE	5 1 THILE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
C(TY-ST-ZiP		5.4 C/TY - S1 - ZIP		
TITLE	DELETE	6 1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		6 4 C/TY - ST - ZIP		

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 Piat 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 changer I or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR