

CS171999-90060-050-\$61.25-\$61.25

**CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90060 050 \*\*\*\*61.25  
06-01-1999 90047 012 \*\*\*\*88.75

**DOCUMENT #**

1. Corporation Name

ALTO TRADING, CORP.

Principal Place of Business

Mailing Address

2430 West 82nd Street Same  
Bay # 7  
Hialeah, Fl. 33016

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

05/30/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0580255

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional

23

28

Fee Required

Zip Country

Zip Country

6. Election Campaign Financing

\$5.00 May Be

24

25

29

30

Trust Fund Contribution ☐

Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Spoliarsky, Gabriel  
1722 Vestal Drive  
Coral Springs, Fl. 33071

81 Name

Samuel J. Sapir

82 Street Address (P.O. Box Number is Not Acceptable)

782 Lake Blvd.

83

84 City

Weston, Fl.

FL

85 Zip Code

33326

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Samuel J. Sapir

President

5/10/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRESIDENT** ☒ DELETE

NAME Spoliarsky, Gabriel

STREET ADDRESS 1722 Vestal Drive

CITY-ST-ZIP Coral Springs, Fl. 33071

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

1.2 NAME Samuel J. Sapir

1.3 STREET ADDRESS 782 Lake Blvd.

1.4 CITY-ST-ZIP Weston, Fl. 33326

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel J. Sapir

Date

5/10/99

Daytime Phone #

CR2E037 (1/98)