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

**FILED** May 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS P95000045236 (3) DOCUMENT # M.C. TRADING & ASSOCIATES. INC. Principal Place of Business Mailing Address 18658 NW 77 PL 18658 NW 77 PL MIAMI FL 33015 MIAM! FL 33015 DO NOT WRITE IN THIS SPACE 3. Date Incorporated of Qualified 06/12/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0584381 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes □ No 30 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NNADI, EDWARD Name 18658 NW 77 PL. 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33017 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 663 1508, Florida Statutes, the above named corporation automis fills statement for the purpose of changing its registered office or registered agent, or bolli, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby about the appointment as registered agent. I am familiar with, and advent the obligations of Section 607.0505, Florida Statutes. en reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change ■ Addition TITLE 1.1 TITLE NNADI, EDWARD 1.2 NAME NAME 18658 NW 77 PL STREET ADDRESS 1.3 STREET ADORESS **MIAMI FL 33015** 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NNADI. BLESSING NAME 22 NAME 18658 NW 77 PL. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33015 CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Change ☐ DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-7(P CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

4. I hereby certify that the information supplied with this filing does not quelify for the exemption stated in Section 119.07.304 Hordes Statules. I further certify that the information indicated on this annual report or suppliencental annual report is true and accurate and that my signature shall have the statule of the corporation or the receiver or truetee empowered to execute this report a 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.

305-829-7210