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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9500 TRADING INT'L CORP.	0047083 (7)			
Principal Plac	e of Business	Mailing Address			II BURK BIDIA ADDII OBIBI ADIOB ANII IDOF
12930 S.W. 88 LN A-204 MIAMI FL 33166		12930 S.W. 88 LN A-204 MIAMI FL 33166		DO NOT WRITE 3. Date Incorporated or Qualified	IN THIS SPACE
				06/16/1995	
	2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For
		Suite, Apt. #, etc.		65-0590139	Not Applicable \$8.75 Additional
22 27		<u> </u>		Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation owes or has pa	id the current year Intangible
24	9. Name and Address of Curre		30	Personal Property Tax due June 10. Name and Address of New Re	
		eur uskiersish Waulf	81 Name	IV. Name and Address of New Ne	Ristolan Whalit
CASTELLO, CARLOS E					
12930 S.W. 88 LN A-204			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)
	MI FL 33168		83		
IND			84 City		Table 711 Code
			84 City		FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable (NOTE ND DIRECTORS	Registered Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	CASTELLO, CARLOS E		1.2 NAME		
STREET ADDRESS	12930 S.W. 88 LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		1.4 City-St-ZiP		
TITLE	VP	☐ DELETE	2.1 TITLE		Change Addition
NAME	ADEL, ELIAS		2.2 NAME		
STREET ADDRESS	12930 S.W. 88 LN MIAMI FL 33166		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MI/MI FL 33 100	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3,3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	_	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		TTI ASIEVE	4.4 CITY - ST - ZIP		Dobace T. Laure
TITLE		DELETE	5.1 TITLE		Change Addition
NAME OTREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 City-St-ZiP 6.1 Title		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(305) 271-1411

FILED

Mar 24 1998 8:00am

Secretary of State