## 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 # P95000055582

DOLPHIN TRADING CORPORATION OF MIAMI

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

03-17-1999 90120 017 \*\*\*150.00

Principal Place of Business		Mailing Address			s 100 (1881) tid 1816) Britt dann dann dann dann anns anns anns anns		
3069 NORTH WEST 82ND AVENUE MIAMI FL 33122		3069 NORTH WEST 82ND AVENUE MIAMI FL 33122					
					DO NOT WRITE IN THIS SPACE		
	•				3. Date Incorporated or Qualifed		
		0 - 14-12 - Address			07/14/1995 4. FEI Number Applied For		
2. Principal Place of Business		2a. Mailing Address					
21 26			to Ant # otc		65-0601713   Not Applicat		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required		
22   27     City & State   City & Sta		City & State			6. Election Campaign Financing \$5.00 May Be		
23 28		¬ '			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Countr	y	8. This corporation owes the current year Intangible		
<b>—</b> '	·	19 30	٠ .	•	Personal Property Tax.  Yes No		
	and Address of Current Re		<del></del>		10. Name and Address of New Registered Agent		
,		<del> </del>	81	Name			
SALDARRIAGA,	RICARDO		82	Ctront Adda	ress (P.O. Box Number is Not Acceptable)		
1550 BRICKELL AVE. #105B			02	Street Audi	tess (P.O. Box Number is not Acceptable)		
MIAMI FL 33129	•		83	-			
			-		ar Zio Codo		
			84	1 . ,	FL 85 Zip Code		
11. Pursuant to the provis	ons di Sections 607.0502 and	d 607.1508, Florida Statutes,	the abov	e-named corp	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered		
office or registered ag	ent, o Coth, in the State of Fi	orida, Such change was auth	orized by	the corporation	ion's board of directors. I hereby accept the appointment as registered		
	II, allowed the colors	PICAL		50/10	moire 3/15/99		
SIGNATURE	or printed natural of registered egent and			ent signature required			
12.	OFFICERS AND DI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D		☐ DELETE	1.1 TITLE		☐ Change ☐ Add		
NAME APONTE,	GUSTAVO -		1.2 NAME				
STREET ADDRESS 3069 NO	ITH WEST 82ND AVENUE	•	1.3 STREE	TADDRESS			
CITY-ST-ZIP MIAMI-FL	33122		1.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Add		
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Add		
NAME			32 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	-	☐ Change ☐ Add		
NAME			4. 2 NAME	:			
STREET ADDRESS	•		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	,		4.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Add		
NAME			5.2 NAME				
STREET ADDRESS			1	TADDRESS			
CITY-ST-ZIP			5.4 CITY-5				
TITLE ,		☐ DELETE	6.1 TITLE		Change Add		
NAME			6.2 NAME				
STREET ADDRESS	•		6.3 STREE	ET ADDRESS			
1	_		6.4 CITY-1	ST-ZIP			

14. I hereby certify that the information sapplied 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 suppliemental 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 of 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 or trustee empowered.

AF OF SIGNING OFFICER OR DIRECTOR