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 # P95000063082

1. Corporation Name

CATAO TRADING, INC.

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90151 013 ***150.00



Principal Place	of Business	Mailing Address			4112 41142 11111 24161 1	
7900 GLADES RD 7900 GLADES RD SUITE 300 SUITE 300			DO NOT WRITE IN T	HIS SPACE	•	
BOCA RATON FL 33434 BOCA RATON FL 33434				3. Date Incorporated or Qualifed	IIIO OF ACE	
				08/15/1995		
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number	App	olied For
	NW 13TH. ST.	26 123 NW 13	THST	65-0609499	Not	Applicable
Suite, Apt. 2	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
Gity & State	e	1=:1	CD1	6. Election Campaign Financing	\$5.00	May Be
23 - BOCA	RATION, FL	28 BOCA PA	DN, TL	Trust Fund Contribution	Added to	
zip 33Å2	32 [25] Country C	^{zip} 33432 [3	Courtry 2.	 This corporation owes the current year Personal Property Tax. 		□No
24 200	9. Name and Address of Current		<u>-</u>	10. Name and Address of New Register	red Agent	
			81 Name			
CATAO, ALVARO			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
7900 GLADES RD			12.3	1) UZ 77 HTEI WW	Œ 30 /	
SUITE 300			83			
BOC	A RATON FL 33434		04 03 0		BE Zin C	ode
			84 City 2	OCA KATION F	FL °° 333	232
11, Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above-named co	prporation submits this statement for the purpose	of changing its r	registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was auti ions of. Section 607.0505. Florid	norized by the corpora la Statutes.	ation's board of directors. I hereby accept the ap	ppointment as reg	jistered
	m familiar than, and accept the congain					Į
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: R	egistered Agent signature req			
12.	OFFICERS AND	D DIRECTORS	egistered Agent signature req	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
	OFFICERS AND					RS IN 12
12.	OFFICERS AND PSTD CATAO, ALVARO	D DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
12.	OFFICERS AND PSTD CATAO, ALVARO 7900 GLADES RD SUITE 300	D DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
12. TITLE NAME	OFFICERS AND PSTD CATAO, ALVARO	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		AND DIRECTOL Change 307	Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AND PSTD CATAO, ALVARO 7900 GLADES RD SUITE 300	D DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP