

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000064091 (8)**

1. Corporation Name

SFIDA TRADING CORP.



Principal Place of Business

**8962 SW 142 AVE #1227
MIAMI FL 33186**

Mailing Address

**8962 SW 142 AVE #1227
MIAMI FL 33186**

(old)

3. Date Incorporated or Qualified

08/18/1995

3a. Date of Last Report

2. Principal Place of Business

21 **8933 SW 123 Ct.**

2a. Mailing Address

26 **8933 SW 123 Ct.**

4. FEI Number

65-0601994

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

22 **#209**

Suite, Apt. #, etc.

27 **#209**

City & State

23 **Miami, FL.**

City & State

28 **Miami, FL.**

Zip

24 **33186**

Country

25 **USA**

Zip

29 **33186**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**FERRARI, GIOVANNA
8962 SW 142 AVE #1227
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name

Same

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

8933 SW 123 Court

83

#209

84 City

Miami

FL

85 Zip Code

33186

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(Print or Registered Agent's signature if registered agent is not a director)

4/18/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D FERRARI, GIOVANNA**
STREET ADDRESS **8962 SW 142 AVE #1227**
CITY-ST-ZIP **MIAMI FL 33186**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

[Signature]

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/18/96

(DATE OF FILING)

CR2E034 (12/95)