

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

FILED
May 11 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P95000069833 (8)

1. Corporation Name
A.P. TRADING GROUP, INC.

Principal Place of Business

696 SAND CREEK CIRCLE
FT. LAUDERDALE FL 33326
US

Mailing Address

151 MAJORCA AVE
SUITE C
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1995

4. FEI Number

65-0608590

Applied For

Not Applicable

6. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

8. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Falls Blvd.

Suite, Apt. #, etc.

22 # 1181

City & State

23 Weston, FL

Zip

24 33327

Country

25 USA

2a. Mailing Address

26 151 Majorca Avenue

Suite, Apt. #, etc.

27 Suite C

City & State

28 Coral Gables, FL

Zip

29 33134

Country

30 USA.

9. Name and Address of Current Registered Agent

PRATS, GABRIEL
151 MAJORCA AVENUE #C
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MATTSSON, SANDRA
5627 NW 74TH AVENUE
MIAMI FL 33168 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
PIQUET, ALEJANDRO
5627 NW 74TH AVENUE
MIAMI FL 33168 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PDT
MATTSON, SANDRA
Falls Boulevard 1181,
Weston, FL 33327 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
VD
PIQUET, ALEJANDRO
Falls Blvd 1181,
Weston, FL 33327 ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Sandra B. Mortham

Sandra Mattsson

4/30/98 (315) 444-8888

CR2E034 (10/97)