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

DOCUMENT # P95000088530 (7)

F.E.L. TRADING, INC.

FILED Jan 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
13930 LAKE SUCCESS PLACE 13930 LAKE SUCCESS PLACE						
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014						
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address					11/17/1995 4. FEI Number Applied For	
2. Principal Place of Business 2a. Mailing Address 26						, Johnson Co
Suite, Apt.	#. etc.	1-3	Suite, Apt. #, etc.			65-0625799 Not Applicable
22	,,, o.c.		27			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	9		City & State			
23		—	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	ip Cour			This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	g, Name and Address of Current Registered Agent		100	10. Name and Address of New Registered Agent		
11	LI, FELIPE				Name	
13930 LAKE SUCCESS PLACE						
	AMI LAKES FL 33014		1	82	Street Addre	ess (P.O. Box Number is Not Acceptable)
1410	ANI DAREO I E 00014			83		
			L			
			1	84	City	FL 85 Zip Code
11 Pursuant t	o the provisions of Sections 607 (0502 and 607 1508. Florida Statut	es the ah		-named corpo	
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	execut and title if applicable (NOT	E Benictered	Acon	nt signature require	d when reinstating) DATE
12. OFFICERS AND DIRECTORS 13.					A digitation of other	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITL	E	1	☐ Change ☐ Addition
NAME	LI. FELIPE		1.2 NA	ΛE	ŀ	-
STREET ADDRESS			1.3 STREET ADDRESS		ADDRESS	
CITY - ST - ZIP				1.4 CITY-ST-ZIP		
TITLE	SD	DELETE 2.11				☐ Change ☐ Addition
NAME	1 DAME TO THE TOTAL TOTAL TO THE TOTAL TO TH		2.2 NAM		1	
STREET ADDRESS	10090 NW 129 TERR.		2.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL 33	1016	2. 4 CITY-ST-ZIP		1	
TITLE			_	3.1 TITLE		Change Addition
NAME			3,2 NAME		ŀ	_ • •
STREET ADDRESS	ADDRESS		3.3 STREET ADDRESS		INDRESS	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			3.4. CITY-ST-ZIP		
TITLE			4.1 TiTL		-211	Change Addition
NAME				4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		nnpece	
CITY-ST-ZIP				4.4 GITY-ST-ZIP		ļ
TITLE			5.1 TITL		- 4IF	Change Addition
NAME			5.2 NAME		ļ	
STREET ADDRESS	·				DDDEEC	
			5.3 STR			
CITY-ST-ZIP TITLE	The state of the s		-	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			1	Į.		Change L Addition
				6.2 NAME 6.3 STREET ADDRESS		,
STREET ADDRESS						
CITY-ST-ZIP 6.4 CIT 14. I hereby certify that the Information supplied with this filling does not qualify for the exer						action 110 07/3\(ii) Elorida Statutos I hythor continuthat the information
(4,) nerecy Ci	story diat the information supplied	war this ming does not qualify to	n pre exen	npul	or stated in S	equor (13.0) (3)(1), Florida diatutes. Hurther 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.