

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90051 008 ***150.00

DOCUMENT # **P95000090664**

1. Corporation Name
DAMAR TRADING INC.

Principal Place of Business

999 S. BAYSHORE DRIVE
TOWER ONE, SUITE 802
MIAMI FL 33131

Mailing Address

999 S. BAYSHORE DRIVE
TOWER ONE, SUITE 802
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1995

4. FEI Number

65-0671996

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 **1107 Ponce de Leon**

2a. Mailing Address

26 **2962 S.W. 25 Terrace**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Coral Gables, Florida**

City & State

28 **Miami, Florida**

Zip

24 **33134**

Country

25 **U.S.A.**

Zip

29 **33133**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

MEDINA, DANIA
1 BISCAYNE TOWER, SUITE 3400
2 SOUTH BISCAYNE BLVD
MIAMI FL 33131

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 **P** ☐ DELETE

NAME **MEDINA, DANIA**
STREET ADDRESS **1 BISCAYNE TOWER, SUITE 3400**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **S** ☐ DELETE

NAME **MEDINA, ROBERT**
STREET ADDRESS **2962 S.W. 25TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Same**

2.3 STREET ADDRESS **Same**

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **S Felicia Garcia**

3.3 STREET ADDRESS **1107 Ponce de Leon**

3.4 CITY-ST-ZIP **Coral Gables, Florida 33134**

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 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.

SIGNATURE:

DANIA MEDINA, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/99

Daytime Phone #

(305) 376-6032

0189651

CR2E034 (11/98)