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 # P95000093998 (9)

AMERICAN TRADERS, CO.

FILED Feb 18 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		. 10011001 110 10101 01111 00111 00111 00111 01111 01111 01111	YOU THEE CHAID IDEAL IDEA IDEA
460 NW 166 AVE		460 NW 166 AVE			
PEMBROKE P	MNES FL 33028	PEMBROKE PINES FL 33028		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	701102
				12/12/1995	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
2114115	6019EN (0000NB			65-0625999	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Comments of C	Fee Required
City & State	t2, FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
249	Count()	Zip	Country	This corporation owes or has paid the cr	
24 555	99 25	29	ю	Personal Property Tax due June 30.	X Yes No
	9. Name and Address of Current F	tegistered Agent		10. Name and Address of New Registered	i Agent
GONZALEZ-PENSO, JUAN 81 Name					
460 NW 166 AVE			82 \$1@pt	lidress (P.O. Box Number is Not Acceptable)	
				17 POLUEN POCOCIN	PC
			83		
	^		84 Cty	1 + \	85 375000 10
de Purcunit	to the business of Solione 6d 0502 a	and 607 1500. Florida Clatutas	the share sermed	Corporation submits this statement for the purpose	- 1 2204.1
office of agent. La	eastems about or dots in belistate bt	Florida, Such channe was au	thorized by the corn	profession submits this statement for the purpose oration's board of directors. I hereby accept the ap	poin ment as registered
-	to family with, and accept the ubligation	ons of Section 607.0505, Flori	da Statutes.	210) JGX
SIGNATURE Signature 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1					
12.	OFFICERS AND	PIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	0	DELETE	1.1 TITLE		Change Addition
NAME	Gonzalez, Juan		1.2 NAME		
STREET ADDRESS	460 NW 166 AVE		1.3 STREET ADDRESS	18113 EDPDEN COCOON	χ <u>ς</u> ,
CITY-ST-ZIP	PEMBROKE PINES FL 33028	——————————————————————————————————————	1.4 CITY-ST-ZIP	LUTZ, FL 33549.	4001
TITLE	4	L] DELĒTE	2.1 TITLE	•	Change Addition
NAME		*	22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP		Change Addition
NAME		L beerie	3.1 TITLE 3.2 NAME		C cuange C Audition
STREET ADDRESS			3.3 STREET ADDRESS	· • =	-
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELET E	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TOTLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELET E	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	_		6.3 STREET ADDRESS		
CITY-ST-ZIP	artification to be before	NULL COLUMN TO AN A STATE OF THE PARTY.	6.4 CITY-ST-ZIP	Lis Constant 110 07/01/2 Florida Otto	
14. I hereby certify that the information subvited with this filing book 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 support or supp					
officer or director of the cooperation of the receiver of trustee empowbred 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 or at a lackment with an address.					