Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90009 019 ***150.00

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

DOCUMENT # P95000094609

1. Corporation Name

MICRO TRADING, CORP.

		·							
Principal Place of Business Mailing Address						1 148-148- 118 18181 81111 64111 68111			(48)
727 SAND CREEK CIRCLE 727 SAND CREEK CIRCLE									
FT LAUDERDALE FL 33327 FT LAUDERDALE FL 33327			7			DO NOT WOLL	= (A) TOUG (SDACE	
						DO NOT WRITE	: IN THIS S	SPACE_	
						3. Date ir corporated or Qualifed 12/11/1995			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		—	Applied For
21		26			65-0627374			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional	
22 27									Rec uired
City & Stat	e	City & State			6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution			ed to Fees
Zip Country		Zip Country				8. This corporation owes the currer			17.
24	25	29	30			Personal Property Tax.		☐Yes	[]No
	9. Name and Address of Current	Registered Agent		41		10. Name and Address of New Re	gistered A	.gent	
045	NT CHILEDNO A		8	1	Name				
SAENZ, GUILLERMO A			8	2	Street Addr	ss (P.O. Box Number is Not Acceptable)			
	SAND CREEK CIRCLE								
FIL	AUDERDALE FL 33327		8	3					
			8	4	City			85 Zi	ip Code
					-	poration submits this statement for the p	FL		·
agent. I a	m familiar with, and accept the obligat				signature require	ki when reinstating)	DATE		_ _
12.	OFFICERS ANI	- 	13.		<u> </u>	ADDITIONS/CHANGES TO OFFI	CERS / NI	D DIREC	TORS IN 12
TITLE	DPST	☐ DELETE	1.1 TITLE					☐ Chang	ge Addition
NAME	SAENZ, GUILLERMO A		1 2 NAME	E					
STREET ADDRESS	TAT ALLID ODEEL OIDOLE		1.3 STRE	ET AL	DDRESS				
CITY-ST-ZIP FT LAUDERDALE FL 33327			1.4 CITY-ST-ZIP		ZIP I				
TITLE		☐ DELETE	2 1 TITLE					Chang	ge Addition
NAME			2.2 NAME	E					
STREET ADDRESS			2.3 STRE		DORESS				
CITY-ST-ZIP			2. 4 CITY		i				
TITLE		☐ DELETE	3 1 TITLE					Chang	ge Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STRE	ET A	DDRESS				
CITY-ST-ZIP	}		3.4, CITY		l l				
TITLE	 	☐ DELETE	4.1 TITLE					Chang	ge Addition
NAME			4. 2 NAM		1				
STREET ADDRESS			43STRE		DDRESS				
			4.4 CITY						
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE					Chang	ge Addition
NAME		_ , ,	5.2 NAMI						
			5.3 STRE		DDRESS				
STREET ADDRESS	1		5.4 CITY						
CITY-ST-ZIP TITLE	 	DELETE	6.1 TITLE					Chang	ge Addition
			6.2 NAM						-
NAME OTHERT ADDRES			6.3 STRE		DDRESS				

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 uncer 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 attachnient with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRES

CITY-ST-ZIP

THE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR