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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 27 1997 8:00am Secretary of State

1997

DOCUMENT # **P96000000789** (3) M & I TRADING, CORP. Principal Place of Business Mailing Address 9375 S.W. 77TH AVE 9375 S.W. 77TH AVE. #101B #1018 MIAMI FL 33|56-7945 MIAMI FL 33156 3. Date Incorporated or Qualified 3a. Date of Last Report 01/04/1996 2. Principal Place of Business 4. FEI Number Applied For Not Applicable Up den Isles Un 26 \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees ountry 8. This corporation has liability for intangible tax under s. 199.032, USA Yes Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Mario DE ALMEIDA POSSAGNO, IONARA A 81 avad 9375 S.W. 77TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) #1018 83 **MIAMI FL 33158** 84 85 dale 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 Javrillar with and accept the obligations of Section 607.0505, Florida Statutes. agent. I am favilliar with and accept the obligations of Laradinha Dr. SIGNATURE (NOTE: Registered Agent signatu 12. 13. DELETE 11 TITLE TIME DE ALMEIDA POSSAGNO, IONARA A 12 NAME NAME % 9375 S.W. 77TH AVE. #1018 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33156** 14 CITY-ST-ZIP CITY-SI-7P DELETE THEF 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP ☐ DELETE THUE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-Zir 34 CITY-ST-ZIP DELETE THEF 4 1 TITLE Change \_\_\_ Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHTY - ST - ZiP DELETE Change Addition TILLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY- \$1 - 201 DELETE Change Addition THILE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do 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 any address.

6 4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OF

AECTOR

Mario Bilandialast. 1/20/97

X06-043