Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90090 017 ***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 # P96000002932

1. Corporation Name

D & D TRADERS CORPORATION

Principal Place of Business	Mailing Address						
169 EAST FLAGLER STREET	169 EAST FLAGLER STREET	1					
SUITE 1527 SUITE 1527 MIAMI FL 33131 MIAMI FL 33131				DO NOT WRITE IN THIS SPACE			
MIAMI PE 33131	MIMMI PL 33131	-		3. Date Incorporated or Qualifed			
				01/09/1996		ļ	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	App	olied For	
21	26			65-0631756	Not	Applicable	
Suite, Apt. # etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	dditional	=
22	27			5. Certificate of Status Desired	Fee Re	quired	
City & State	City & State			6. Election Campaign Financing	\$5.00	May Be	
23	28			Trust Fund Contribution	Added to	Fees	
Zip Country	Zip	Country	1	8. This corporation owes the current year			
24 25	29 3	0		Personal Property Tax.		□No	
9. Name and Address of Current	Registered Agent	81		10. Name and Address of New Registere	d Agent		
SANDS, H B		81	Name				
169 EAST FLAGLER STREET		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
SUITE 1527		L_	ļ				
MIAMI FL 33131		· 83	1				•
MIAMI FL 33131		84	City		85 Zip C	ode	
			1 *	F			
11. Pursuant to the provisions of Sections 607.0502	it Florida. Such change was auti	honzed by	the comoratio	oration submits this statement for the numose	of changing its	registered gistered	
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligations.	it Florida. Such change was auti	honzed by	the comoratio	oration submits this statement for the numose	of changing its	registered gistered	
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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 emprovered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Addition

Change