## 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 # P96000012083

Corporation Name

## FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90012 044 \*\*\*150.00

| SPM TRA   | ADING CORP.   |                                       |                          |                       |   |
|---|---|---------------------------------------|--------------------------|-----------------------|---|
|   |   |                                       |                          |                       |   |
| Driver of Disco   | · ef Duninger   | Mailing Address                       |                          |                       |   |
| Principal Place of Business Mailing Address  13545 S.W. 99TH STREET 13545 S.W. 99TH STREET  |   |                                       |                          |                       | <b>\</b>  |
| MIAMI FL 33186 MIAMI FL 33186   |   |                                       |                          |                       |   |
|   |   |                                       |                          |                       | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified                     |
|   |   |                                       |                          |                       | 02/07/1996  |
| Principal Place of Business     2a. Mailing Address   |   |                                       |                          |                       | 4. FEI Number Applied For   |
| 21 26   |   |                                       |                          |                       | 65-0643866 Not Applicable   |
| Suite, Apt. #, etc.   |   |                                       | _                        |                       | 5. Certificate of Status Desired  |
| 22 27 City & State City & State   |   |                                       | <del></del>              |                       | - Tee Kadanou   |
|   |   |                                       |                          |                       | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees |
| Zip   | Zip Country ZipC  |                                       |                          | ,                     | 8. This corporation owes the current year Intangible                              |
| 24  | 25  | 25 29 30                              |                          |                       | Personal Property Tax. Yes No   |
|   | 9. Name and Address of Curre  | ent Registered Agent                  | 81                       | Name                  | 10. Name and Address of New Registered Agent                                      |
| MARTINEZ, JOSE I<br>13545 S.W. 99TH STREET<br>MIAMI FL 33186  |   |                                       | 81                       |                       |   |
|   |   |                                       | 82                       | Street Add            | Iress (P.O. Box Number is Not Acceptable)   |
|   |   |                                       | 83                       | -                     |   |
|   |   |                                       | 94                       | City                  | 85 Zip Code   |
|   |   |                                       | 84 City                  |                       | FL  |
| 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. |   |                                       |                          |                       |   |
| agent. I a  | egistered agent, or both, in the Statement of the miliar with, and accept the oblig   | jations of, Section 607.0505, Florida | a Statutes               | i.                    | ,   |
| SIGNATURE   |   | (NOTE: De                             | aletered Ager            | ot signature require  | ed when reinstating) DATE   |
| 12.   | Signature, typed or printed name of registered at OFFICERS A  | AND DIRECTORS                         | 13.                      | ili signatore requiri | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                 |
| TITLE   | PSD DELETE 1.41   |                                       | 1.1 TITLE                |                       | ☐ Change ☐ Addition   |
| NAME  | indutification of the state of |                                       | 1,2 NAME                 |                       |   |
| STREET ADDRESS  | 20 10 10 0111 00 111 011  |                                       | 1                        | T ADDRESS             |   |
| CITY-ST-ZIP   |   |                                       | 1,4 CITY-S               | T-ZIP                 | ☐ Change ☐ Addition   |
| TITLE   | VTD<br>  Martinez, Silvia M   | ☐ percic                              | 2.1 TITLE<br>2.2 NAME    | Ĭ                     |   |
| NAME<br>STREET ADDRESS  | 13545 S.W. 99TH ST.   |                                       |                          | T ADDRESS             |   |
| CITY-ST-ZIP   |   |                                       | 2. 4 CITY-5              |                       |   |
| TITLE   |   | ☐ DELETE                              | 3.1 TITLE                |                       | Change Addition   |
| NAME  |   | ļ                                     | 3.2 NAME                 |                       |   |
| STREET ADDRESS  |   |                                       |                          | TADDRESS              |   |
| CITY-ST-ZIP   |   | ☐ DELETE                              | 3.4. CITY-5<br>4.1 TITLE | ST- ZIP               | Change Addition   |
| NAME  |   |                                       | 4. 2 NAME                |                       | ·   |
| STREET ADDRESS  |   |                                       |                          | TADDRESS              |   |
| CITY-ST-ZIP   | 4.4.Cl  |                                       | 4,4 CITY-S               | ST-ZIP                |   |
| TITLE   |   | ☐ DELETE                              | 5.1 TITLE                |                       | ☐ Change ☐ Addition   |
| NAME .  | * *   |                                       | 5.2 NAME                 | T 1000500             |   |
| STREET ADDRESS  |   |                                       |                          | T ADDRESS             |   |
| CITY-ST-ZIP   |   | ☐ DELETE                              | 5.4 CITY-S<br>6.1 TITLE  | 01-4IF                | ☐ Change ☐ Addition   |
| TITLE<br> <br>  NAME  |   |                                       | 6.2 NAME                 |                       |   |
| STREET ADDRESS  |   |                                       | 6.3 STREE                | T ADDRESS             |   |
| CITY-ST-ZIP   |   |                                       | 6.4 CTY-S                | 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 acceiver 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 or hand attachment with an address, with all other like empowered.

SIGNATURE:

ATTREE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/99

305-994-737:

Daytime Phone #

And the second s