PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000017327 1. Corporation Name

ALL TRADE, INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90234 002 ***150.00



Principal Place	of Business	М	lailing Address				4 INDIIMAL ISA IBIIS AILII ANIII ANII	i marii darel i)B11 (#B## 1111#	
270 N.W. 86TH PLACE			8210 N.W. 10TH STREET. #6							
MIAMI FL 33126		MIAMI FL 33126					DO NOT WRITE IN THIS SPACE			
							Date Incorporated or Qualifed	_ 114 11110 1	JI AOL	
						ļ	02/26/1996			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		Ap	plied For
21			26 8200 N.W. 10th St				65-0643719		No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	I
			27 # 5				3. 00		Fee Re	equired
City & State	•	\vdash	City & State				6. Election Campaign Financing		\$5.00	, ,
23		28	MIAMI F	<u> </u>			Trust Fund Contribution		Added t	to Fees_
Zip 	Country	<u> </u>	33126	Cou	ntry VSA		8. This corporation owes the curre	nt year Inta	ingible Yes	□No
24	9. Name and Address of Current	29	-	30	V > FT		Personal Property Tax. 10. Name and Address of New Re	ngietared (
		81 Name		10. Name and Address of New A	igistered r	- agoin				
COL	OMA, JOSE M				- Name			•		
8210 N.W. 10TH STREET, #6					82 Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33126					83	54	500 HIW 10th S	1 , 31 ,	2	
1411/31	W. 1 E 00 1E0			,	••					
			· • ·		84 City	Mi	AMI	FL		Code
44 Duraucut	to the provisions of Sections 607.0502	and f	607 1508 Florida Statu	ites the a	hove-named	cornor	ration submits this statement for the r	numose of	changing its	registered
office or r	egistered agent, or both, in the State of familiar with, and accept the obligation	f Elori	ida. Such change was i	authorized	I by the core	oration	's board-of-directorsl.hereby.accep	the appoir	ıt <u>ment as r</u> e	egistered
SIGNATURE				f			·			(
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe					instered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.		DIK	DELETE	13.	n.c	₽	ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition
TITLE	P					1	INVA THE M			
NAME	COLOMA, JOSE M			1.2 N	WE	00	# to atol . With oo	- 5		1
STREET ADDRESS	8210 N.W. 10TH STREET, #6			1 .			im: FL 33126			
CITY-ST-ZIP	MIAMI FL 33126		☐ DELETE	2.1 TI	TY-ST-ZIP				Change	Addition
TITLE	S CANO MADIA F			2.2 N		PAI	NO, MARIA F			_
NAME	CANO, MARIA F				TREET ADDRESS	82	HO, MARIA F DO H.W. 10th Sta	45		Ļ
STREET ADDRESS	8210 N.W. 10TH STREET, #6			1			limi FL 3312	.6		1
CITY-ST-ZIP	MIAMI FL 33126		☐ DELETE	3.1 TI	ITY-ST-ZIP	 	, , , , , , , ,		☐ Change	Addition
TITLE				3.1 J						_
NAME	i				REET ADDRESS					
STREET ADDRESS					ITY-ST-ZIP					1
TITLE			☐ DELETE	4.1 11		 			Change	Addition
NAME				4 2 1		İ				
STREET ADDRESS					REET ADDRESS					<u> </u>
CITY-ST-ZIP				1	TY-ST-ZIP					
TITLE			☐ DELETE	5.1 Ti					Change	Addition
NAME				5 2 N						
STREET ADDRESS				5.3 S	FREET ADDRESS					ŧ
CITY-ST-ZIP				5.4 C	TY-ST-ZIP					
TITLE			☐ DELETE	6.1 T		† —			Change	☐ Addition
NAME				6.2 N	AME					
STREET ADDRESS	i			6.3 S	TREET ADDRESS					
CITY-ST-ZIP				6.4 C	TY-ST-ZIP					
Q										

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 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 an address, with all other like empowered.

SIGNATURE: