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

PROFIT CORPORATION ANNUAL REPORT

-1997



FLORIDA DEPARTMENT OF SYATE

Sandra B. Mortham *

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000020107 (4)

AAA TRADING GROUP, INC.

FILED 97 SEP 15 AM 10: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Delegate of Discovering		14 - 30 A 1 1				<u> </u>		.	
Principal Place of Business Mailing Address 8249 NORTHWEST 36TH STREET, SUITE 106 8249 NORTHWEST 36TH STREET, SUITE					rc 400				
8249 NORTHWEST 961 MIAMI FL 33166	TH STREET. SUITE 106	8249 NORTH MIAMI FL 331		HEET, SUN	IE 106				
						3. Date Incorporated or Qualified 03/05/1996	3a. Date of Last	Report	
2. Principal Place of	Business	2a. Mailing A	ddress			4. FEI Number		Applied For	
21		26				65-6658877			
Suite, Apt. #, etc.		27				5. Certificate of Status Desired	us Desired		
City & State		City & St.	ale			6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees	
Zip	Country	Zφ		Country	у	8. This corporation has liability for in	tangible tax under	s. 199.032,	
24	25	29		0			Yes No		
9, 1	lame and Address of Curre	nt Registered Age	nt			10. Name and Address of New Reg	stered Agent		
AMERILAY	VYER CHARTERED			81	Name				
343 ALMERIA AVENUE				82	Street Add	iress (P.O. Box Number is Not Acceptable)			
CORAL GA									
•				83					
				84	City		- 85 Zi	p Code	
					<u> </u>			·	
*	ed agent, or both, in the State ar with, and accept the oblig	e of Horida, Such o pations of, Section (hange was aut 607.0505, Flore	thorized b	y the corpora s.	poration submits this statement for the pu ation's board of directors. I hereby accept	the appointment a	as registered	
SIGNATURE Signature	, lyped or ponted name of regulered as	est and the it applicable.	(NOTE: F	Heg stered Ag	ent signature requ	uired when roinstating)	DATE		
12.	OFFICERS AN	NO DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE			
TITLE PTD			DELETE	11 TITLE			☐ Chang	Addition	
	NEY, ALAIN LOUIS			1.2 NAME		9000 pt 10 p	eathair in ann ann ann an	'n eff	
STREET ADDRESS 8249 NORTHWEST 36TH STREET, SUITE 106				1.3 STREET ADDRESS		9000022 -09/17/3	.JOZ 33		
CITY-ST-ZIP MIA	MI FL 33188			1.4 CITY-1	S1-ZIP	UO7 1 17 -	<u>. Laga aranara</u> Ni Olitio		
TITLE SD			DELETE	2.1 TITLE		***** I () (.00 機構	TOD William	
NAME - CAN	IINERO, VIVIAN			2.2 NAME					
	NORTHWEST 36TH STF	reet, suite 106		2.3 STREE	T ADDRESS				
CITY-ST-ZIP MA	VII FL 33166			2.4 GHY-	ST-ZIP				
TITLE &			DELETE	3.1 THLE			☐ Change	Addition	
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREE	T ADDRESS				
CITY-ST-ZIP				3.4. DITY-	S1-21P				
TITLE			DELETE	4.1 TITLE			☐ Changi	Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	T ADDRESS				
CITY-ST-ZIP				4.4 CITY-	ST-ZIP				
TITLE			DELETE	5.1 TITLE			Change	Addition	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	T ADDRESS				
CITY-ST-ZIP				5.4 CITY - 3	ST - ZIP				
TITLE		Ī.	DELETE	6 1 TITLE			☐ Change	Addition	
NAME				62 NAME)			~ 11	
STREET ADDRESS				6.3 STREE	T ADDRESS			$\mathcal{O}(1)$	
CITY-ST-ZIP				6.4. en .y - :			/ / /		
	y that the information supplic	ed with this filling do	es not quality			ed in Section 119.07(3)(i), Florida Statutes	I further certify th	at the	

I do hereby certify that the information supplied with this filling does not qualify for the exemption librated 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 order eath; that it am an officer or director of the corporation or the receiver or trustee empowered to execute the 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.

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