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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000020233 (8)

**DOVE TRADING CORPORATION** 

i inicipali i isce di Dosmosa						
116 SAN SEBASTIAN						
CORAL GABLES FL 33134						

2. Principal Place of Business

Mailing Address

2a, Mailing Address

116 SAN SEBASTIAN **CORAL GABLES FL 33134** 

## **FILED** May 12 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified

03/05/1996

4. FEI Number

21		26			65-0685317	Not Applicable	
Suite, Apt.	upt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be	
23					Trust Fund Contribution	Added to Fees	
<b>Z</b> ip	Country	Zip	Countr	у	8. This corporation owes or has paid the cu		
24	25 29 30					☐ Yes ☐ No	
g, Name and Address of Current Registered Agent				Name	10. Name and Address of New Registered	l Agent	
SAI	SAENZ, MARGARET F						
116	118 SAN SEBASTIAN				ress (P.O. Box Number is Not Acceptable)		
CO	CORAL GABLES FL 33134						
			83	¥[			
			84	City		85 Zip Code	
				1	Ft	<u> </u>	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida State	utes, the above	re-named corp	poration submits this statement for the purpose of	of changing its registered	
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.							
SIGNATURE							
	Signature, typed or printed name of mgistered a			jent signature requi	red when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PSTD	☐ DELETE	1.1 TITLE			Change Addition	
NAME	SAENZ, PATRICIA A 12			- 1			
STREET ADDRESS				T ADORESS			
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-	ST-ZIP			
TITLE		DELETE	2.1 TITLE			Change Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADORESS			
CITY-ST-ZIP			2.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	}		Change Addition	
NAME			3.2 NAME			Ĭ	
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE	ŀ		Change Addition	
NAME			4. 2 NAME			1	
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	- 1			
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS		ļ	
CITY-ST-ZIP			6.4 CITY -				
14. I hereby o	ertify that the information supplied i	with this filing does not qualify	for the exemi	otion stated in	Section 119.07(3)(i), Florida Statutes. I further c	ertify that the information	

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.