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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000024797 (8)

M.R. TRADING, INC.

FILED Feb 26 1998 8:00am Secretary of State

"" "	monta, ita				
Principal Place	e of Business	Mailing Address		- indiiadi iiê lêtiê bilit dêlit dêlit êêlit êêlit êêlit êêlit ê	1811 MIBN 1881 1816 1816 1981 1981
7370 NW 36	ST	7370 NW 36 ST			
415-1	160	415-1		DO NOT WRITE IN THIS	R SPACE
Miami Fl 331 US	100	MIAMI FL 33166 US		3. Date Incorporated or Qualified	3 SFACE
••		•		03/20/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0650638	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		Continuate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	***	28]		Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible
24	25 9. Name and Address of Curre		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	
O	JILLIN, MARIANELA		81 Name		
	70 NW 36 ST				
415-I			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
MIAMI FL 33166		ВЭ			
]			84 City	<u> </u>	85 Zip Code
 	11	1007460		F	
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 agont, 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 agont. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes.					
] -					
SIGNATURE	Signature, typiad or printed name of registered a	cont and life if audicable (NOT)	Registered Agent signature require	ed when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TIFLE	P	DELETE	1.1 TITLE		Change Addition
NAME	MATURANA, RAUL G		1.2 NAME		! }
STREET ADDRESS	7370 NW 36 ST, 415-1		1.3 STREET ADDRESS		li
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		Change Addition
NAME	GUILLEN, MARIANELA R		2.2 NAME		
STREET ADDRESS	7370 NW 36 ST, 415-1		2.3 STREET ADDRESS		İ
CITY-ST-ZIP	MIAMI FL	T-1 -2.22	2.4 CITY+ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		C) Detter	4.1 HILE 4.2 NAME		L Greening La Madellati
STREET ADDRESS			4. 2 NAME 4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Ì
TITLE		DELETE	5.1 TITLE	:	Change Addition
NAME			5.2 NAME	{	
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTY-ST-ZIP		ļ
TITLE		☐ DELETÉ	61 TITLE		Change Addition
NAME			6.2 NAME		}
STREET ADDRESS			6.3 STREET ADDRESS		Į
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

I hereby certify that the information supplied with this filling 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 13 if changed. On a statement with an address.

03/18/98

(305)513-0105