

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P96000028885**

1. Entity Name  
SOUTH TRADE INTERNATIONAL, INC.



05 APR 20 PM 3:52

Principal Place of Business  
407 LINCOLN ROAD  
SUITE 5-B  
MIAMI BEACH, FL 33139

Mailing Address  
407 LINCOLN RD.  
SUITE 5-B  
MIAMI BEACH, FL 33139

5/3/04 60438 016 145.00



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 140545

**REINSTATEMENT** CR2E098 (6/04) 04-05

City & State  
Coral Gables, FL

City, Apt. #, etc.

Zip  
33114-0545

Country  
USA

4. FEI Number  
65-0673667

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BRION, GEORGE  
407 LINCOLN RD.  
SUITE 5-B  
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent  
Name  
BRITO, GEORGE  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUJAN, EDUARDO JR 407 LINCOLN D. #5B MIAMI BEACH, FL 33135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: 4-18-05 Daytime Phone #: 305-318-2858

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