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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600036239

Corporation Name

SUCRE TRADING CORPORATION

						911)	
Principal Place	e of Business	Mailing Address			(10031000 110 19150 81514 80151 0 8 111 0	011 1 8 0100 16110 0168 1108	E liirs feri reel
100 N. BISCAYI	NE BLVD	100 N. BISCAYNE BLVD					
SUITE 1107		SUITE 1107		DO NOT WRITE	IN THIS STACE		
MIAMI FL 33132	2	MIAMI FL 33132			Do NOT WRITE Do NOT WRITE Do NOT WRITE Approximately a property of the pro	IN THIS SPACE	_
US		US			04/26/1996		
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	An	plied For
2. Fillicipal Fi	lace of business	26. Walling Address			65-0669736		ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee Re	equired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added 1	to Fees
Zíp	Country	Zip	Country	•	8. This corporation owes the current		□No
24	25		30		Personal Property Tax. 10. Name and Address of New Reg	✓ Yes	LINO
	9. Name and Address of Curren	it Registered Agent	81	Name	10. Name and Address of New Reg	istered Agent	
LAW	FIRM OF MANFRED ROSENOW	/, P.A.					
	CORAL WAY		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	MI FL 33145	•	83				
			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above	e-named cor	poration submits this statement for the pur	pose of changing its	registered
office or re	egistered agent, or both, in the State	of Florida. Such change was aut	nonzed by	the corporat	ion's board of directors. I hereby accept th	ie appointment as re	egisterea
agent, I ai	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statutes	i			
agent. I ai	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statutes	i.			
agent. I ai SIGNATURE	m familiar with, and accept the obliga	nt and title if applicable. (NOTE: F	da Statutes Registered Ager	i.	red when reinstating)	DATE	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP