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

PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT # P96000041326 (5)

G&M TRADING, INC.

Principal Place of Business	Mailing Address	
10307 SW 156 CT MIAMI FL 33196	10307 SW 156 CT Miami FL 33196-3716	

FILED Apr 30 1997 8:00am Secretary of State



Principal Place of business - Walling Ac			iing Address							
10307 8W 156 CT MIAMI FL 33198			907 SW 156 CT AMI FL 33196-3716							
•						3. Date Incorporated or Qualified 05/08/1996	3a. Date o	f) ast F	Report	
2. Principal Place of Business 2a. Mailing Address					4. FELNumber		A	pplied For		
21		26							ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	i. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State			City & State			6. Election Campaign Financing \$5.00 May Be				
23		28	~ `}			Trust Fund Contribution Added to Fees				
Zip	Country		Z ip	Country	у	8. This corporation has liability for it				
24	25	29		30		Florida Statutes	1yes □ N	0	,	
9.	Name and Address of Curr	ent Regist	ered Agent			10. Name and Address of New Re	gistered Ager	nt		
				81 82 83	Street Add	ress (P.O. Box Number is Not Acceptab	FL 8	5 7in	Code	
agent. I am Iam SIGNATURE	provisions of Sections 607.03 red agent, or both, in the Sta illiar with, and accept the obline the obline of registered and of registered	igations of,	, Section 607.0505, FI	lorida Statute	S.	ooration submits this statement for the p tion's board of directors. I hereby accep red when reinstating)	urpose of cha of the appointr	nging ment as	its registered registered	
12.	OFFICERS A			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIA	ECTO	RS IN 12	
TITLE PL	TES DEST		DELETE	1.1 TITLE				Change	Addition	
NAME ME	USSA CALOR	_		1.2 NAME						
STREET ADDRESS (O.	107 S.W. 156	· T >		1.3 STREE	1 ADDRESS					
CITY-ST-ZIP	19Mi, FL 331	96		14 CITY-	S1-ZIP					
TITLE DI	rector		☐ DELETE	2 1 TITLE				Change	Addition	
NAME W	eusea Caupa	<u></u>		2.2 NAME						
	30 7 S.W. 186	CT		2 3 STREE	T ADDRESS					
CITY-ST-ZIP	14Mi FL 331	196		2 4 CiTY-	ST-ZIP					
TITLE			☐ DELETE	31 1111.8				Change	Addition	
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE	T ADDRESS					
CITY-ST-ZIP				3.4. CITY-	S1-ZIP					
TITLE			☐ DELETE	4.1 TillE				Change	Addition	
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREE	T ADDRESS					
CITY-ST-ZIP	······································			4.4 CITY-	ST-ZIP					
TITLE			DETEJE	5.1 TITLE				Change	☐ Addition	
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	T ADDRESS					
CITY-ST-ZIP				5.4 CHY-	ST-ZIF_					
TITLE			☐ DELETE	6.1 101LE				Change	Addition	
NAME				6.2 NAME						
STREET ADDRESS					T ADDRESS					
City-St-7IP				64 CiTY-	I .					

I do 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 12 or Block 13 if changed, or on an attachment with an address.