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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000047620**

P.M.C. T							
	TRADING CORP						
Principal Place	e of Business	•	Address				
1011 SW 92ND			92ND AVE				
MIAMI FL 33174 MIAMI FL 33174 US US					DO NOT WRITE IN THIS SPACE		
00		00				3. Date Incorporated or Qualifed	
						06/05/1996	- }
2. Principal P	lace of Business	2a. Maili	ing Address			4. FEI Number Applied For	
21		26				65-0681179 Not Applicable	е
Suite, Apt.	#, etc.	Suite	e, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27				Fee Required	ŀ
City & Stat	e	City	& State			6. Election Campaign Financing \$5.00 May Be	
23		28		<u></u>		Trust Fund Contribution Added to Fees	4
Zip	Country	Zip		Cou	ntry	8. This corporation owes the current year Intangible Personal Property Tax.	1
24	25	29		30		Personal Property Tax. ■ Yes No Name and Address of New Registered Agent	
	9. Name and Address of Curren	it Kegistereu	Agent		81 Name	10. Hallie alla Address of New Yorks and Agent	┪
BARI	ROSO, RAFAEL						_
1011 SW 92ND AVE					82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MAIM	AI FL 33174				83		7
							4
					84 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607,050	2 and 607.15	08, Florida Statute	s, the al	ove-named cor	rporation submits this statement for the purpose of changing its registered	╡
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Su	ich change was au	ithorized	by the corporat	ation's board of directors. I hereby accept the appointment as registered	
ayeni. ra	in fatilital with, and accept the conga			ida Stati	tes		
		itions of, Secti	ion 607.0505, Fion	ida Statı	tes.		
SIGNATURE	Signature, typed or printed name of registered ager			ida Stati	tes.	ured when reinstating) DATE	-
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applic	able. (NOTE:	ida Stati	tes.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	OFFICERS AN	nt and title if applic	able. (NOTE:	Registered	tes. Agent signature requi	ared when reinstating) DATE	on
12.	OFFICERS AN D BARROSO, RAFAEL	nt and title if applic	able. (NOTE:	Registered	Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	on
12.	D BARROSO, RAFAEL 1011 SW 92ND AVE	nt and title if applic	able. (NOTE:	Registered 13.	Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	on
12. TITLE NAME	D BARROSO, RAFAEL 1011 SW 92ND AVE MIAMI FL 33174	nt and title if applic	able. (NOTE: I RS DELETE	Registered 13. 1.1 Til 1 2 N/ 1.3 ST	Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
12. TITLE NAME STREET ADDRESS	D BARROSO, RAFAEL 1011 SW 92ND AVE MIAMI FL 33174 D	nt and title if applic	able. (NOTE:	Registered 13. 1.1 Til 12 N/ 1.3 ST	Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARROSO, RAFAEL 1011 SW 92ND AVE MIAMI FL 33174 D RODRIGUEZ, MARCOS A	nt and title if applic	able. (NOTE: I RS DELETE	Registered 13. 1.1 Til 1 2 N/ 1.3 ST	Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BARROSO, RAFAEL 1011 SW 92ND AVE MIAMI FL 33174 D RODRIGUEZ, MARCOS A 1011 SW 92ND AVE	nt and title if applic	able. (NOTE: RS DELETE DELETE DELETE	Registered 13. 1.1 TII 12 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4 CI 4.1 TI 4. 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N/	Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition	on
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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.

6.1 TITLE

6.2 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

RAFACL BARROSO

☐ DELETE

Daytime Phone #

☐ Change

Addition