

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048499 (3)

1. Corporation Name
L T TRADING AND CARGO, INC.

Principal Place of Business

5620 N.W. 79TH AVENUE
MIAMI FL 33166

Mailing Address

5620 N.W. 79TH AVENUE
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/06/1996

4. FEI Number

65-0671119

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 5464 INTERNATIONAL

Suite, Apt. #, etc.

22 City & State

23 ORLANDO - FL.

Zip

24 32819

Country

25 USA

2a. Mailing Address

26 5464 INT'L DR

Suite, Apt. #, etc.

27 City & State

28 ORLANDO - FL

Zip

29 32819

Country

30 USA

9. Name and Address of Current Registered Agent

ALMEIDA, JOSENILDO
5620 N.W. 79TH AVENUE
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

ALMEIDA, JOSENILDO

82 Street Address (P.O. Box Number is Not Acceptable)

4630 S. KIRKMAN RD # 310

83

84 City

ORLANDO

FL

85 Zip Code

32811

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 agent, 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Josenildo Almeida (PST)

8-19-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME ALMEIDA, JOSENILDO
STREET ADDRESS % 5620 N.W. 79TH AVE.
CITY-ST-ZIP MIAMI FL 33166

TITLE D ☐ DELETE

NAME ALMEIDA, JOSENILDO
STREET ADDRESS % 5620 N.W. 79TH AVE.
CITY-ST-ZIP MIAMI FL 33166

TITLE VD ☐ DELETE

NAME ALMEIDA, LUCY F
STREET ADDRESS % 5620 N.W. 79TH AVE.
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☒ Change ☐ Addition

1.2 NAME ALMEIDA, JOSENILDO
1.3 STREET ADDRESS 4630 S. KIRKMAN RD # 310
1.4 CITY-ST-ZIP ORLANDO - FL 32811

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME ALMEIDA, JOSENILDO
2.3 STREET ADDRESS 4630 S. KIRKMAN RD # 310
2.4 CITY-ST-ZIP ORLANDO - FL 32819

3.1 TITLE VD ☒ Change ☐ Addition

3.2 NAME ALMEIDA, LUCY F
3.3 STREET ADDRESS 4630 S. KIRKMAN RD # 310
3.4 CITY-ST-ZIP ORLANDO - FL 32819

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE Josenildo Almeida (PST)

8-19-97 402-251-0202

CR2E034 (4/97)