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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000051332**1. Corporation Name

E.K.M. INTERNATIONAL TRADING, INC.

Principal Place of Business Mailing Address							
8356 SW 58TH ST.							
MIAMI IL 35170					DO NOT WRITE IŅ	THIS SPACE	· · · · ·
					3. Date Incorporated or Qualifed 06/14/1996		
2. Principal Pl	ace of Business	2a. Mailing Address		<u></u>	4. FEI Number	Apr	plied For
21		26			65-0676665	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	-	5. Certificate of Status Desired	<b>\$8.75</b> A Fee Red	
City & State	3	City & State	<u></u>	-11	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	•
Zip	Country	Zip	Coun	try	8. This corporation owes the current ye	ear Intangible	
¬ ˙	25	29	30	-	Personal Property Tax.	Yes	<b>◯</b> XNo
24	9. Name and Address of Current		133		10. Name and Address of New Regis	tered Agent	
		1,1		31 Name		•	
	L, MIGUEL A	· <del>(f</del> )		32 Street Add	ress (P.O. Box Number is Not Acceptable)		
	AI FL 33143	•	-	B3			
<b>J</b> 2			<u> </u>	84 City	<del></del>	FL 85 Zip C	ode
	Signature, typed or printed name of registered agent	***************************************	_ <del>_</del>	gent signature require	ed when reinstating) Do ADDITIONS/CHANGES TO OFFICE	ATE DIRECTO	RS IN 12
12.	OFFICERS AN	D DIRECTORS	13.	<del>-</del> 1	ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE	D						_
NAME	ABRIL, MIGUEL A		1.2 NA		• .	•	
STREET ADDRESS	8356 SW 58TH ST.	•		EET ADDRESS	1		
CITY-ST-ZIP	MIAMI FL 33143	DELETE		Y-ST-ZIP		☐ Change	Addition
TITLE		☐ nere ie	2.1 TITI				
NAME			2.2 NAJ				
STREET ADDRESS	•		1	REET ADDRESS	•		
CITY-ST-ZIP		☐ DELETE	2.4 CF	Y-ST-ZIP		Change	Addition
TITLE 15 THE	a contract of	, Deceie	3.2 NA				
NAME				REET ADDRESS			w 1- 1% ·
STREET ADDRESS	大学 2. 本						
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 TIT	Y-ST-ZIP		· Change	¹ [] Addition
TITLE .		C. Veterie	4. 2 NA				
NAME STREET ADDRESS	1.4		. E	REET ADDRESS			
CITY-ST-ZIP	, ,	* 1. x*		Y-ST-ZIP			
TITLE		☐ DELETÉ	5.1 TIT			☐ Change	☐ Addition
NAME			5.2 NA	ME			•
STREET ADDRESS			5.3 STI	REET ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP	, • <u>. · </u>		-
TITLE	Ph. 14. 5	☐ DELETE	6.1 TIT	LE		☐ Change	☐ Addition
NAME			6.2 NA	ME		:	

CITY-ST-ZIP 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 order attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90024 038 \*\*\*150.00