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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000051795

1. Corporation Name

A J L TRADING INC.

	,-								
Principal Place	of Business	Mailing Address				f ådutiods 114 susta urits udies amein dans date	, 20101 11001 1201	) <b>. (5:4) e</b> )(( )e)	
2160 NW 82ND AVE. 2160 NW 82ND AVE.							~~~~~		
MIAMI FL 33122 MIAMI FL 33122						DO NOT WRITE IN THIS SPACE			
	•					3. Date Incorporated or Qualifed 06/18/1996			
2. Principal Pl	ace of Business	2a. Mailing Address		_		4. FEI Number	A	pplied For	
21		26			-	65-0684758	N	ot Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional	
27						5. Certificate of Status Desired	Fee F	Required	
City & State City & State						6. Election Campaign Financing		May Be	
28						Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	_ Country	,		8. This corporation owes the current year In			
24	25		10			Personal Property Tax.	Yes	□No	
	9. Name and Address of Currer	ıt Registered Agent		r		10. Name and Address of New Registered	Agent		
	DIOLET INSED		81	Name					
RODRIGUEZ, JAVIER 2160 NW 82ND AVE MIAMI FL 33122			82	Street	Address	s (P.O. Box Number is Not Acceptable)			
			83						
			84	City			85 Zip	Code	
				<u>.                                    </u>		<u> </u>	<u>-</u>	tistored	
office or re agent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autitions of, Section 607.0505, Florida.	horized by da Statutes	the corpo	oration's	ation, submits this statement for the purpose o s board of directors. I hereby accept the appo	intment as r	registered	
SIGNATURE		and title if applicable (NOTE: F	Panistered Ana	ot eignature r	required w	hen reinstating) DATE			
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	II SIGNALDIO I	roquired W	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	DP DELETE		1.1 TITLE		Τ		☐ Change		
NAME	RODRIGUEZ, JAVIER		1.2 NAME						
STREET ADDRESS	2160 NW 82ND AVE.		ı	T ADDRESS	1			ļ	
CITY-ST-ZIP	MIAMI FL 33122		1.4 CITY-5						
TITLE	DVS DELETE		2.1 TITLE				☐ Change	Addition	
NAME	LORENSO, ANTONIO J		2.2 NAME						
STREET ADDRESS	ECHENOO, ANTONIO O			T ADDRESS	1				
!	MIAMI FL 33122		2. 4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	IIII/ LIMIT L GO / LL		3.1 TITLE			<del>_</del>	Change	e	
NAME	— — — — — — — — — — — — — — — — — — —		3.2 NAME					ļ	
STREET ADDRESS	The same and the same as and		33 STREE	TADDRESS	ŀ			1	
	MIAMI FL 33122		3.4. City-St-ZiP					ļ	
CITY-ST-ZIP			4.1 TITLE	<u> </u>	<del>                                     </del>		Change	e Addition	
NAME			4. 2 NAME	4				[	
STREET ADDRESS		· - <del></del> · ·	`	T ADDRESS	<u> </u>	- Comments of the Comments of	المستحث ه		
-	• '		4.4 CITY-5						
CITY-ST-ZIP			5.1 TITLE				Change	e Addition	
NAME	1.2		5.2 NAME				•	l	
STREET ADDRESS			5.3 STREE	T ADDRESS				{	
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP					
TITLE			6.1 TITLE		1		Change	e	

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 tractice 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP