

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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90007 024 \*\*\*150.00

DOCUMENT # P96000059065

1. Corporation Name

GENERAL PRODUCTS TRADE, INC.

Principal Place of Business

C/O CARDENT INTERNATIONAL INC.  
2822 NW 79TH AVENUE  
MIAMI FL 33122

Mailing Address

~~C/O ERNESTO SANCHEZ P.A.~~  
~~814 PONCE DE LEON BLVD. SUITE 505~~  
~~CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1996

4. FEI Number

65-0698868

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

c/o

21 Suite, Apt. #, etc.

26 Cardent International Inc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

33122

U.S.A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Ernesto Sanchez P.A.

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

814 Ponce de Leon Blvd.

83

Suite 505

84 City

Coral Gables

FL

85

Zip Code

33134

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-99

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DVS  
STREET ADDRESS POLLACSEK, GERTRUDE  
CITY-ST-ZIP ALAMEDA CASA BRACA, 1099 -APT.62  
SAO PAULO, BRAZIL

TITLE ☐ DELETE

NAME DPAS  
STREET ADDRESS ZUCKER, BENO  
CITY-ST-ZIP ALAMEDA CASA BRANCA, 1099-APT. 62  
SAO PAULO, BRAZIL

TITLE ☐ DELETE

NAME VP  
STREET ADDRESS POLLACSEK, MAURICIO  
CITY-ST-ZIP 5601 COLLINS AVE. APT. 1211  
MIAMI BEACH FL 33140

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
Beno Zucker

4/27/99

(305) 441-2040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0199637

CR2E034 (11/98)