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 # **P96000069242** 1. Corporation Name

R&P INTERNATIONAL TRADERS, CO.

| Principal Plac | ce of Business | Mailing Address | | | | { | | 10 4 7860 40400 1406 | | |
|---|---|--|--------------------|---------------|--------------|---|---|--|-----------------------|-----|
| 8881 SW 142 AVE 8881 SW 142 AVE | | | | | | | | | • | |
| SUITE 37 SUITE 37 | | | | | | | | | | |
| MIAMI FL 33186 MIAMI FL 33186 | | | | | | DO NOT WRITE IN THIS SPACE | | | | _ |
| | | | | | | 3. Date Incorporated or Qualif 08/19/1996 | ed | | ·. | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | | . Ar | oplied For |] ; |
| 21 | · | 26 | | | | 65-0688525 | | No | ot Applicable |]; |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | K | • | Additional equired | 12 |
| City & Stat | te | City & State | | | | 6. Election Campaign Financir | ig – 📇 – | \$5.00 | May Be | - |
| 23 | | 28 | | | | Trust Fund Contribution | | Added | to Fees | |
| Zip — | Country | Zip Country | | | | 8. This corporation owes the c | urrent year Ir | _= | _ | ĺ |
| 24 | 25 | ' | 30 | | | Personal Property Tax. | | ☐ Yes | Mo | _ |
| 9, Name and Address of Current Registered Agent | | | | 04 1 | | 10. Name and Address of Nev | v Registered | d Agent | | - |
| CIN | QUINO, RUGGERO | · · · · · · · · · · · · · · · · · · · | | 81 N | lame | | | | | |
| 888 | 1 SW 142 AVE | | Ì | 82 S | treet Addres | s (P.O. Box Number is Not Acce | ptable) | | . at. 6 a.a. 15.4. | 1 |
| | TE 37 | | - | 83 | | 网络加克拉斯斯 | FF 大田 報 | · 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 144 11 11 | 7 |
| MIAI | MI FL 33186 | | F | 84 C | ity | <u> </u> | | d (148 telephili) Law (1782) | | 4 |
| construct a second | > '4 ² '- | de la companya de la | ľ | 04 C | oity | | FI | L 85 Zip | Code | |
| SIGNATURE | registered agent, or both, in the State of im familiar with, and accept the obligation signature, typed or printed name of registered agent at OFFICERS AND | ns of, Section 607.0505, Florid title if applicable. (NOTE: R | da Statut | tes. | | hen reinstating) ্ াত্ৰহা ADDITIONS/CHANGES TO 0 | DATE | | <u> </u> | - 6 |
| TITLE | P | ☐ DELETE | 1.1 TITL | E | | 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | <u>,, , , , , , , , , , , , , , , , , , ,</u> | Change | ☐ Addition | |
| NAME | CINQUINO, RUGGERO | | 1.2 NAM | Æ | | • • • • • | | | | 1 |
| STREET ADDRESS | 14130 SW 93 LN #14-30 | | 1.3 STREET ADDRESS | | RESS | | | | | } |
| CITY-ST-ZIP | MIAMI FL 33186 | | | /-ST-ZIP | | - | | | | 5 |
| TITLE | | | 2.1 TITL | | | | | Change | | |
| NAME | CINQUINO, CARLOS 22 N | | 2.2 NAW | Œ | | | | _ , | .— | |
| STREET ADDRESS | DOSE CHI 450 OT | | | EET ADD | RESS | | | | | |
| CITY-ST-ZIP | MAAR EL 20400 | | | Y-ST-ZIP | | • | | | | |
| TITLE | S | ☐ DELETE | 3.1 TITL | | | • | | ☐ Change | ☐ Addition | - |
| NAME (| NOTING MADE | | 3.2 NAM | | | | | _ | _ | |
| STREET ADDRESS | 9055 SW 156 CT | | | EET ADOI | RESS | ****** | | | | 1 |
| CITY-ST-ZIP | MIAMI, FL. 33190 | | 1 | Y-ST-ZIP | | 1.5 | | | | |
| TITLE | 10 4 T 4 8 T | ☐ DELETE | 4.1 TITL | | - | | ** *** *** *** | Change ' | Addition | .† |
| NAME | | * | 4. 2 NAM | | | | | | | |
| NAME STREET ADDRESS | | | | EET ADDI | DESC. | | | | | İ |
| CITY-ST-ZIP | | Carrier V | | '-\$T-ZIP | | | • | | | } |
| TITLE | | ☐ DELETE | 5.1 TITL | | - | | | Change | Addition | 1 |
| NAME | | | 5.2 NAM | | | 50000 | | | |] |
| STREET ADDRESS | | | | EET ADDA | RESS | | | | | 1- |
| CITY-ST-ZIP | E. S. | | | -ST-ZIP | | 11. | | | | 100 |
| TITLE | True Control of the Control of the | ☐ DELETE | 6.1 TITL | | | | | Change | ☐ Addition | 1 5 |
| NAME | 1970 \$2 20 20 4 4 4 7 | | 6.2 NAM | | i | • | | | | 1 |
| | MISSIFE RESE | • | | | | | | | | 1 |

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 suppliered 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 of 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90069 010 ***158.75

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