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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 25 1997 8:00am

Secretary of State

DOCUMENT # P96000069283 (5)

ANGELA TRADING CORP.

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Maiting Address 10302 NW S. RIVER DR., BAY #23 10302 NW S. RIVER DR., BAY #23 MEDDLEY FL 33178 MEDDLEY FL 33178 3. Date Incorporated or Qualified 3a. Date of Last Report 08/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable Sulte, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name **GUERRA, JANET R** 10302 NW S. RIVER DR., BAY #23 82 Street Address (P.O. Box Number is Not Acceptable) MEDDLEY FL 33178 83 84 Zip Code 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** (NO? E. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition 11 TILLE SANCHEZ-BAUTE, ANGELA R NAME 1.2 NAME 8858 NW 188 TER. STREET ADDRESS 13 STREET ADDRESS MIAMI FL 33015 CITY-ST-ZIP 14 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 21 TITLE NAME PARRA-CARABALLO, LUIS H 22 NAME STREET ADDRESS 8858 NW 188 TER. 23 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33015 2 4 CITY - ST - ZIP TITLE DELETE Change Addition 311016 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 111LE ☐ Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE Change Addition TITLE 5.130LE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME

6.3 STREET ADDRESS

HSSS SO

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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 eath; 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 or on an attachment with an address.