## 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**
**May 06, 1999 8:00 am**
**Secretary of State**
05-06-1999 90270 006 ***150.00

55009

**DOCUMENT #  P96000073597**

1. Corporation Name
**AYW TRADING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 12924 S.W. 112 COURT<br>MIAMI FL 33176 | 12924 S.W. 112 COURT<br>MIAMI FL 33176 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business **21** | 2a. Mailing Address **26** |
| Suite, Apt. #, etc. **22** | Suite, Apt. #, etc. **27** |
| City & State **23** | City & State **28** |
| Zip **24** Country **25** | Zip **29** Country **30** |

3. Date Incorporated or Qualifed
**08/28/1996**

4. FEI Number **65-0692710** | Applied For / Not Applicable

5. Certifcate 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

**9. Name and Address of Current Registered Agent**

JENSEN, ROBERT W ESQ.
4675 PONCE DE LEON BLVD.
SUITE 305
CORAL GABLES FL 33146-2113

**X 10. Name and Address of New Registered Agent**

| 81 | Name | Marlene Espin |
|---|---|---|
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 12924 S.W. 112 Ct |
| 83 | | |
| 84 | City | Miami   FL | 85 | Zip Code 33176 |

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 _Marlene C Espin_     4/30/99
Signature, typed or printed name of registered agent and title if applicable     (NOTE: Registered Agent signature required when reinstating)     DATE

CR2E034 (11/98)

**12. OFFICERS AND DIRECTORS** | **13. X** | **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | OFFICERS AND DIRECTORS | | | | ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|---|---|
| TITLE | D | ☒ DELETE | 1.1 TITLE | D | | ☒ Change | ☐ Addition |
| NAME | LASHER, MARIA E | | 1.2 NAME | Xiomara Lopez | | | |
| STREET ADDRESS | 12924 S.W. 112 COURT | | 1.3 STREET ADDRESS | 2307 Douglas Road   Suite 400 | | | |
| CITY-ST-ZIP | MIAMI FL 33176 | | 1.4 CITY-ST-ZIP | Miami, Fl 33145 | | | |
| TITLE | D | ☒ DELETE | 2.1 TITLE | D | | ☒ Change | ☐ Addition |
| NAME | ESPIN, MARLENE | | 2.2 NAME | Elsa Lopez | | | |
| STREET ADDRESS | 12924 S.W. 112 COURT | | 2.3 STREET ADDRESS | 2307 Douglas Road Suite 400 | | | |
| CITY-ST-ZIP | MIAMI FL | | 2.4 CITY-ST-ZIP | Miami, Fl 33145 | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | 4.2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 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:** X _Marlene C Espin_     Marlene Espin     4/30/99     (305) 259-5941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Date     Daytime Phone #