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Secretary of State

03-01-1999 90150 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000074678

1. Corporation Name
NORBERT TRADING CORPORATION

Principal Place of Business 7468 UNIVERSAL BLVD. ORLANDO FL 32819	Mailing Address 7468 UNIVERSAL BLVD. ORLANDO FL 32819
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Incorporated or Qualified 09/09/1996	4. FEI Number 65-0694093	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

DUARTE, NORBERTO R
7270 NW 66TH STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name NORBERTO R. DUARTE
82 Street Address (P.O. Box Number is Not Acceptable) 446 Water Street
83
84 City Celebration
85 Zip Code FL 34747

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: *Norberto Duarte* DATE: **01/07/99**

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	DUARTE, NORBERTO R	
STREET ADDRESS	7468 UNIVERSAL BLVD.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CORREA, JOSE C	
STREET ADDRESS	7468 UNIVERSAL BLVD.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DUARTE, NORBERTO R	
STREET ADDRESS	7468 UNIVERSAL BLVD.	
CITY-ST-ZIP	ORLANDO FL 32819	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NORBERTO R. DUARTE	
1.3 STREET ADDRESS	446 WATER ST	
1.4 CITY-ST-ZIP	CELEBRATION FL. 34747	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NORBERTO R. DUARTE	
3.3 STREET ADDRESS	446 WATER STREET	
3.4 CITY-ST-ZIP	CELEBRATION FLORIDA 34747	

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: *Norberto Duarte* DATE: **01/07/99** DAYTIME PHONE #: **407-268 2626**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1.1/98)