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 # P96000076203

1. Corporation Name

P & B TRADE, INC. Principal Place of Business Mailing Address 13400 SW 72 AVE 13400 SW 72 AVE

May 06, 1999 8:00 am Secretary of State

05-06-1999 90238 024 ***158.75

MIAMI FL 33156		MIAMI FL 33156			DO NOT WRITE IN THIS SPACE			
	1				3. Date Incorporated or Qualifed 09/12/1996			
2.	Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For	4		
21		26			65-0714978 Not Applicable	4		
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
22	City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
24	Zip Country	Zip 29	Cou	ntry	9 8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes □ No			
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	CHOR, HENRIQUE			81	Name			
13400 SW 72 AVE			82	Street Address (P.O. Box Number is Not Acceptable)				
	MIAMI FL 33156			83	3			
				84	4 City FL 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition □ DELETE 1.1 TITLE Change TITLE CHOR, HENRIQUE 1.2 NAME NAME 13400 SW 72 AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE TITLE 2.1 TITLE ACHERMAN, DORA 2.2 NAME NAME 13400 SW 72 AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change Addition 3.1 TITLE TITLE CHOR, PAULO NAME 3.2 NAME 13400 SW 72 AVE 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition ☐ DELETE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 affaddress, with all other like empowered.

SIGNATURE:

SIGNAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)