

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**  
**Aug 05, 1999 8:00 am**  
**Secretary of State**

08-05-1999 90010 006 \*\*\*550.00

DOCUMENT # P96000077072

1. Corporation Name

FUNSALES TRADING + HOLDING CORPORATION

Principal Place of Business

12500 SW 130 STREET  
MIAMI, FL 33186

Mailing Address

12500 SW 130 STREET  
MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9-17-96

4. FEI Number

45-0879716

Applied For

Not Applicable

2. Principal Place of Business

219 NORTH 28 AVE.

2a. Mailing Address

219 NORTH 28 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOOLYWOOD, FLORIDA

City & State

HOOLYWOOD, FLORIDA

Zip

Country

33020 USA

Zip

Country

33020 USA

5. Certificate 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

SHEROON L. GOTTLIEB  
10700 N. KENDALL DRIVE  
SUITE 203  
MIAMI, FLORIDA 33176

10. Name and Address of New Registered Agent

81 Name JOSE GOMES

82 Street Address (P.O. Box Number is Not Acceptable)

219 NORTH 28 AVENUE

83

84 City HOOLYWOOD

FL

85 Zip Code 33020

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 of 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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME JOSE R. GOMES  
STREET ADDRESS 9601 SW 142 AVE #418  
CITY-ST-ZIP MIAMI, FL 33186

TITLE V-P + T ☐ DELETE

NAME ANTONIO SOTERO  
STREET ADDRESS 9601 SW 142 AVE #418  
CITY-ST-ZIP MIAMI, FL 33186

TITLE S ☐ DELETE

NAME ROBERT ARTHUR  
STREET ADDRESS PO BOX 562001  
CITY-ST-ZIP MIAMI, FL 33256

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe, 12, 99 954-924-9051  
Date Daytime Phone #

CR2E034 (11/98)