

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000078439

1. Corporation Name

M.G. TRADING OF AMERICA, INC.

FILED Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90013 001 ***550.00



Principal Place	e of Business	Mailing Address			1 1861/881 (18 181/8 \$1/11 RAIL) 8831/ \$81/11	- 88511 LEBOT 18511 0	1988 13148 1861 1081	
782 NW LEJEUNE ROAD #428 782 NW LEJEUNE ROAD #42 MIAMI FL 33126 MIAMI FL 33126			18		DO NOT WRITE IN	THIS SPACE		
					3. Date Incorporated or Qualifed 09/20/1996			7
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	7
21		26			65-0698256		Not Applicable	,
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	ertificate of Status Desired		
City & Stat		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 30	Countr	y 	8. This corporation owes the current year Intangible Personal Property Tax.			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agent		4
מע	II A MARIO		81	Name				ŀ
DAVILA, MARIO 782 NW LEJEUNE ROAD #428			82	Street Adda	ress (P.O. Box Number is Not Acceptable)			1
MIAN	MI FL 33126		83	3	· · · · · · · · · · · · · · · · · · ·			7
			84	City		FL 85 Z	ip Code	1
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 a	and title if applicable. (NOTE; Regi	stered Age	nt signature require	d when reinstating) DA1	Œ		ء ا
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIREC	TORS IN 12	چ [
TITLE	D	☐ DELETE	1,1 TITLE			Chang	ge 🔲 Addition	1] :
NAME	DAVILA, MARIO	Į.	1.2 NAME					13
STREET ADDRESS	782 NW LEJEUNE ROAD #428	1	1.3 STREE	TADDRESS				18
CITY+ST-ZIP	MIAMI FL 33126		1,4 CITY- S	ST-ZIP			·	_ [
TITLE	D	☐ DELETE	2.1 TITLE			Chang	ge 🔲 Addition	1
NAME	QUIJANO-DAVILA, GLORIA M.		2.2 NAME					
STREET ADDRESS	782 NW LEJEUNE ROAD #428	i	2.3 STREE	TADORESS				İ
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-	ST-ZIP				┧.
TITLE		·	3.1 TITLE	1		- 🖃 Chang	ge Addition	1.
NAME			3 2 NAME					
STREET ADDRESS				T ADDRESS				1
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				4
TITLE			4.1 TITLE			Chang	ge 🔲 Addition	1
NAME]	4.2 NAME	1				
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				4
TITLE			5.1 TITLE 5.2 NAME			Chang	ge Addition	1
NAME				TADORESC				
STREET ADDRESS				T ADDRESS				-
CITY-ST-ZIP			5.4 CITY-S 6 1 TITLE	1-211				4
TITLE			6.2 NAME			Chang	e Addition	1
NAME				TADDDEED				
STREET ADDRESS			6.3 STREE 6.4 CITY-S	T ADDRESS				

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:

Daytime Phone #