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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

KIM TRADING INC.

Principal Plac	ce of Business		Mailing	Address					##111 ##1	** *****	1 (7)() 00()0 (01) (00)
560 NW 82 PL	-		560 NW	82 PL							
300 MIANN EL 23136			300 84(A14) EI	300 Miami FL 33126				DO NOT WRITE IN THIS SPACE			
MIAMI FL 33126 US			US					3. Date Incorporated or Qualified			
•			•					10/04/1996			
2. Principal Place of Business			2a. Mailing Address				_	4. FEI Number			Applied For
21			26				65-0787798			Not Applicable	
Suite, Apt. #, etc.			_Suite, Apt. #, etc.				5. Certificate of Status Desired	X	•	75 Additional	
22			27				3. Octavode of Caras Business		Fe	ee Required	
City & State			City & State				6. Election Campaign Financing			.00 May Be	
23			28			<del></del>		Trust Fund Contribution		Ad	ded to Fees
Zip	<u> </u>	Country	Zip		Cou	ntry		8. This corporation owes the curre	int year	Yes	□No
24	25		29		30			Intangible Personal Property.  10. Name and Address of New R	agistore	<u> </u>	
	9. Name ar	d Address of Curre	nt Kegistered	Agent		81 N	 ame	IV. Name and Address of New IX	egistere.	u Agoin	
CHI	IN DICKDOO I										
CHIN, RICARDO L 560 NW 82 PL						82 Si	reet Addre	ess (P.O. Box Number is Not Accepta	ble)		
	Г 300					83					<del></del>
	MI FL 33126					-					
WILLY	IMI 1 E 30 120					84 C	ty		F	85	Zip Code
office or	r registered ager am familiar with	nt, or both, in the State, and accept the oblig	e of Florida, Signations of, sec	uch change was a tion 607.0505, Fi	authorized orida Stat	tes.	corporatio	ation submits this statement for the pu on's board of directors. I hereby accep	tine app	changing ointment a	ts registered as registered
	Signature, typed or p	printed name of registered age				red Agent	signature requ	ADDITIONS/CHANGES TO OFF	DATE	AND DIDE	CTOPS IN 12
12.		OFFICERS AI	ND DIRECTO	KS	13.		<del> </del>	ADDITIONS/CHANGES TO OFF	ICERS A	NIND DIKE	<u></u>
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CITY-ST-ZIP	560 NW 82 MIAMI FL		···		1.2 NA 1.3 STI 1.4 CII	ME REET ADDI IY-ST-ZIP	RESS				
CITY-ST-ZIP TITLE	560 NW 82 MIAMI FL VP	PL, APT 300		DELETE	1.2 NA 1.3 STI 1.4 CII 2.1 TIT	ME REET ADDI TY-ST-ZIP LE	RESS			Cha	
CITY-ST-ZIP TITLE NAME	560 NW 82 MIAMI FL VP CHIN, RASO	PL, APT 300 DELAN I	-		1.2 NA 1.3 STI 1.4 CII 2.1 TIT 2.2 NA	ME REET ADD TY-ST-ZIP LE ME					
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	560 NW 82 MIAMI FL VP CHIN, RASO 560 NW 82	PL, APT 300 DELAN I			1.2 NA 1.3 STI 1.4 CII 2.1 TIT 2.2 NA 2.3 STI 2.4 CII	ME REET ADDI Y-ST-ZIP LE ME REET ADDI Y-ST-ZIP LE LE REET ADDI				Cha	nge Addition
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SIGNATURE:

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

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 applied eport 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 occurrence of 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 accurate an address. Hug 3, 1999 (305) 262 67 51