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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000082675

FILED
Apr 30, 1999 8:00 am
Secretary of State
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1. Corporation	n Name		. •			- [
I.T.C. TR	ADING INC.						\				
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Principal Place	e of Business	Mailing	Address			_1	t inditions		After Milli Mibrat t	MIND HOLD BISKS (M	101 Bill 1681
13755 SW 160T		13755 SV	V 160TH ST			-					
MIAMI FL 33177 MIAMI FL 32177											
us us						DO NOT WRITE IN THIS SPACE					
}						}	 Date incorpor 10/07/100))
				_		+	10/07/199 4. FEI Number	0		1 1	lied For
	lace of Business	├ ──	ing Address				-65-069894	10			Applicable
21		26	e, Apt. #, etc.				00 000094	10		\$8.75 AC	
Suite, Apt.	#, etc.	├ ──┐	7, Apr. #, etc.			ļ	5. Certifcate of	Status Desired		Fee Reg	
City & State		27]	& State				6. Election Cam	naion Financino		\$5.00 N	Jay Be
<u> </u>	C	28	- 0.0				Trust Fund C			Added to	·
Zip	Country	Zip		Countr	y		8. This corporat		rent year Int	angible	
24	25	29	Į.	30			Personal Pro		•		□No
	9. Name and Address of			,			0. Name and A	ddress of New	Registered .	Agent	
	INO			81	Name		DIXINO	(SEE C	HAN6	F.)	ļ
	NAK, EVALDO			87	Street	Address	(P.O. Box Name	per is Not Accep	table)	-)	
13755 SW 160TH STREET				"	. Garage	ridaroo					
MIAN	/II FL 33177			83	3						
ĺ				84	City					85 Zip C	ode
		γ		1	-				F <u>L</u>	. -	
11. Pursuant	to the provisions of Sections egistered agent, or both in t m familiar with, and accept t	607,0502 and 607.15	08, Florida Statute	s, the abov	re-named	согрога	tion submits this	statement for the	e purpose of	changing its r	egistered istered
office or r	egistered agent, or both in t m familiar with, and accept t	he State of Florida. Su he obligations of, Sect	ich change was a∟ ion 607.0505, Flor	itnorized by ida Statute	/ the corpo s.	oration	DOARG OF GIRECTO	rs. I neleby acc	spi ille appoi	itilicit as log	Stored
[4	MULLINA	•		EVALDO	s Ru	FIND	a7	APR99		
SIGNATURE	Signature, typed or printed name of rec	gistered agent and title if applic		Registered Age	ent signature r	equired wh			DATE		
12.		CERS AND DIRECTO		13.		<i>0</i> → 5	ADDITIONS/C	HANGES TO O	<u>FFICERS AN</u>	DIRECTOR Change	RS IN 12 Addition
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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:

REQUIREEVALDO RUFINO ED NAME OF SIGNING OFFICER OR DIRECTOR