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

0106672

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90210 012 ***150.00

DOCUMENT # P96000088198

1. Corporation Name

K.S. TRADE ASSOCIATES INC.

Principal Place of Business	Mailing Address
2606 CLARINET COURT TANGLEWOOD-HUNTERS CREEK ORLANDO FL 32837	2606 CLARINET COURT TANGLEWOOD-HUNTERS CREEK ORLANDO FL 32837

3. Date Incorporated or Qualifed
10/24/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **65-0662395**	Applied For / Not Applicable
21	26	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution	**$5.00** May Be Added to Fees
City & State 23	City & State 28	8. This corporation owes the current year Intangible Personal Property Tax. ☐Yes ☐No	
Zip 24 / Country 25	Zip 29 / Country 30		

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
K. GALVAO, BUENO-SRESNEZO 2606 CCARINET CT ORLANDO FL 32837	81 Name *Kyril Galvao Bueno Sresnewsky* 82 Street Address (P.O. Box Number is Not Acceptable) *2606 Clarinet cv* 83 84 City *Orlando* FL 85 Zip Code *32837*

11. Pursuant to the provisions of Section 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) DATE *4/27/99*

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D ☐ DELETE NAME BUENO-SRESNEWSKY, KYRIL GALVAO STREET ADDRESS 2606 CLARINET CT., TANGLEWOOD HUNTERS CRK. CITY-ST-ZIP ORLANDO OR 32837	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐Change ☐Addition
TITLE D ☐ DELETE NAME SRENSNEWSKY, SOLANGE ELIAS STREET ADDRESS 2606 CLARINET CT., TANGLEWOOD HUNTERS CRK. CITY-ST-ZIP ORLANDO OR 32837	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐Change ☐Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐Change ☐Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐Change ☐Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐Change ☐Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐Change ☐Addition

CR2E034 (11/98)

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 REQUIRED *4/27/99* Date (407) 240 8037 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR