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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000090741 (5)

PML TRADING, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

7400 NORTHWEST 7 STREET. SUITE 109 MIAMI FL 33126 7400 NORTHWEST 7 STREET, SUITE 109 MIAM! FL 33126

## FILED May 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0704557 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes □ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City 85 Zip Code 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, typied or penting name of registered agent and little if apply able (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD TITLE DELETE Change 1.1 TITLE LIGNAROLO, MARIO NAME 1.2 NAME 7400 NORTHWEST 7 STREET, SUITE 109 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33126** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change 2 1 TITLE Addition NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP TITLE DELETÉ 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 41 TITLE ☐ Change ■ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7IP 6.4 City - St - ZiP 14. Thereby certify that the information su indicated on this annual report or sup-officer or director of the corporation or Block 12 or Block 13 if changed, or does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of t is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

MARIO LIGNAROLO