

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90059 011 ***150.00

DOCUMENT # P96000094784

1. Corporation Name

THE CIBELIS TRADERS, CORP.

Principal Place of Business

20281 EAST COUNTRY CLUB DRIVE
NORTH MIAMI BEACH FL 33180

Mailing Address

20281 EAST COUNTRY CLUB DRIVE
NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1996

4. FEI Number

65-0709678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARMEN CIBELIS BAUTISTA ROA
625 SW 1 ST.
HALLANDALE FL 33009

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. 701 NE 1st COURT apt. 311

84. City Hallandale FL.

85. Zip Code FL 33009

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 and title if applicable. (NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	CARMEN CIBELIS BAUTISTA ROA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
625 SW 1 ST.		1.3 STREET ADDRESS	
HALLANDALE FL 33009		1.4 CITY-ST-ZIP	
VP	SANDORAL, ANGELICA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
625 SW 1 ST.		2.1 TITLE	
HALLANDALE FL 33009		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
S	SANDORAL, CLARITZA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
625 SW 1 ST.		3.1 TITLE	
HALLANDALE FL 33009		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 attached sheet with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)