

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000098410 (9)**

1. Corporation Name  
**CLOVER TRADING INC.**



Principal Place of Business  
**1325 NW 78TH ST. MIAMI FL 33126**

Mailing Address  
**1325 NW 78TH ST. MIAMI FL 33126-1600**

3. Date Incorporated or Qualified  
**12/02/1996**

3a. Date of Last Report

2. Principal Place of Business

21 **5090 NW 106 AVE**

22 Suite, Apt. #, etc.

23 **MIAMI - FLORIDA**

24 **33178** 25 **USA**

2a. Mailing Address

26 **5090 NW 106 AVE**

27 Suite, Apt. #, etc.

28 **MIAMI - FLORIDA**

29 **33178** 30 **USA**

4. FEI Number 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**TANTURE, CLEUDES B**  
**1325 NW 78TH ST.**  
**MIAMI FL 33126**

**10. Name and Address of New Registered Agent**

81 Name

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

83

84 City **FL** 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

| TITLE | NAME                   | STREET ADDRESS       | CITY-ST-ZIP    | <input type="checkbox"/> DELETE |
|-------|------------------------|----------------------|----------------|---------------------------------|
| D     | TANTURE, CLEUDES B     | 5090 NW 106TH AVENUE | MIAMI FL 33178 | <input type="checkbox"/>        |
| D     | DE AGUIAR, ROBERTO     | 1325 NW 78TH ST.     | MIAMI FL 33126 | <input type="checkbox"/>        |
| D     | DE OLIVEIRA, MARCELO C | 1325 NW 78TH ST.     | MIAMI FL 33126 | <input type="checkbox"/>        |
|       |                        |                      |                | <input type="checkbox"/>        |
|       |                        |                      |                | <input type="checkbox"/>        |
|       |                        |                      |                | <input type="checkbox"/>        |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

**SIGNATURE:** *[Signature]*

CR2E034 (9/96)