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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P9700000898 (1)

Principal Place of Business	Mailing Address
907 CYPRESS GROVE DA POMPANO BEACH FL 33069	907 CYPRESS GROVE DA POMPANO BEACH FL 33069

FILED Apr 15 1998 8:00am Secretary of State

,,,,	TRADING CO.									
Principal Plac	ce of Business	М	ailing Address						ALI OBLES INCO	
907 CYPRI	ess grove Dr		907 CYPRESS GROVE	Da						
	BEACH FL 33069		POMPANO BEACH FL				o O MOT HIGH			
						<u> </u>	DO NOT WRITE	IN THIS S	PACE	
						3.	Date Incorporated or Qualified			f
9 Principal I	Place of Business	1 20	Mailing Address				01/03/1997 FEI Number			anlied Cor
	FIECE OF DUSINESS	26	Maurig Address			4.	65-0719370			oplied For of Applicable
Sulte, Apt	#. etc.		Suite, Apt. #, etc.							Additional
22		27				5.	Certificate of Status Desired			equired
City & Sta	te		City & State			6.	Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country		Z ip	Country	у	6.	This corporation owes or has pa	aid the cu <u>rr</u>	ent year Int	tangible
24	25	29		30			Personal Property Tax due June			No
···	g. Name and Address		tered Agent			10.	Name and Address of New Re	gistered A	gent	
	Mangiamarchi, Italo			81	Name					
	907 CYPRESS GROVE			82	Street	Address (P	O. Box Number is Not Acceptal	ole)		
1	Pompano Beach Fl 3	3069							_	
				83	']					
				84	City			FL	85 Zip	Code
44 Durauant	to the provisions of Spetiar	no 607 0500 and 6	07 1509 Florida Statut	as the obey	(o namad	corporation	n submits this statement for the p	<u></u>	phonoino ii	to registered
office or	registered agent, or both, in	n the State of Florid	da. Such change was a	authorized b	y the corp	ooration's b	poard of directors. I hereby acce	pt the appo	ointment as	registered
agent. I a	am familiar with, and accep	ot the obligations of	f, Section 607.0505, Flo	orida Statute	S.					
SIGNATURE	Signature, typed or printed name of	reastered sount and the	d annicable (NOI	L: Registered Ag	ent signature	required when	reinslating)	DATE		
12.		ICERS AND DIREC		13.	- I o i gristo b		ADDITIONS/CHANGES TO OFFIC		DIBECTOR	RS IN 12
TITLE	D		DELETE	1.1 TITLE					Change	Addition
NAME			CEI DECC.E			(1)				
MANIE	MANGIAMARCHI, I	PAOLO	CE State	1.2 NAME		MAN	GIA MARCHI. PADI			3
STREET ADDRESS	MANGIAMARCHI, I 907 CYPRESS GR		LE STORY		1 address	MAN POT	GIAMARCHI, PAOI ENDRESS GROVE			
		OVE	ig steam		f address ST-ZIP	MAN 907	CIAMARCHI, PAOI Cypress Grove Paul Beach FA			
STREET ADDRESS	907 CYPRESS GR	OVE	☐ DELETE	1.3 STREE	f address ST-ZIP	MAN 907 (Pon P	CIAMARCHI, PAOI Cypries Grove Pawe Beach, FA			Addition
STREET ADDRESS CITY-ST-2IP	907 CYPRESS GR POMPANO BEACH	OVE		1.3 STREE 1.4 CITY - S	f address ST-ZIP	MAN 907 Pon P	CIAMARCHI, PAOI Cypries Grove Pawe Beach, FA		69	
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It with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information that annual report is fue and accurate and that my signature shall have the same legal effect as if made under oath, that I am an receiver or truster expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with the address. I hereby certify that the information indicated on this annual report or supofficer or director of the corporation in Block 12 or Block 13 if changed, o o