PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000010253

1. Corporation Name

ASTOR TRADING GROUP, INC.

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90020 050 ***150.00



TITLE NAME STREET ADDRESS COTY-ST-ZIP TITLE NAME STREET ADDRESS COTY-ST-ZIP TITLE DELETE DELETE 12 NAME 12 NAME 13 STREET ADDRESS COTY-ST-ZIP TITLE DELETE DELETE 13 STREET ADDRESS COTY-ST-ZIP TITLE DELETE DELETE 14 CITY-ST-ZIP TITLE NAME STREET ADDRESS COTY-ST-ZIP TITLE NAME STREET ADDRESS COTY-ST-ZIP TITLE NAME STREET ADDRESS COTY-ST-ZIP TITLE DELETE DELETE A1 CITY-ST-ZIP TITLE NAME STREET ADDRESS COTY-ST-ZIP TITLE A2 NAME A3 STREET ADDRESS COTY-ST-ZIP TITLE NAME A3 STREET ADDRESS COTY-ST-ZIP TITLE NAME A3 STREET ADDRESS COTY-ST-ZIP TITLE A4 CITY-ST-ZIP TO Change Addit A4 CITY-ST-ZIP DELETE A4 CITY-ST-ZIP TO Change Addit A4 CITY-ST-ZIP DELETE A4 CITY-ST-ZIP A4 CITY-ST-ZIP A4 CITY-ST-ZIP DELETE A4 CITY-ST-ZIP A	1039 COLLINS AVE 101 BOX 1216 MIAMI BCH FL 33139 US 2. Principal Place of Business 21 NOS 9 COLINS AVE. 26 NOS 9 COLINS Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 Miaming Address City & State City & State 24 33139 25 Country 25 Country 26 Miaming Address City & State 27 City & State 28 Miaming Address City & State City & State 29 33139 3 Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes of fice or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes of Florida St	COULTY CCOUNTY 30 COUNTY 30 B1 N. 82 SI 83 84 C Statutes, the above-na was authorized by the obs, Florida Statutes. (NOTE Registered Agent sign of the county of	of Business CONNS AVE 101 BOX 1216 MIAMI BCH FL 33139 US of Business CONNS AVE 2a. Mailing Address 2b. LC. Suite, Apt. #, etc. 2c. City & State 2d. City & State 2d. Country	- 1 2 1 6 Country 30 US 81 Name 82 Street Ac 83 84 City	DO NOT WRITE IN THE STATE OF TH	A N S S P A C E S 5.00 Added Intangible Yes	Additional Required May Be I to Fees
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2. Principal Place of Business 2. 28 Mailing Address 2. 1059 Collins Ave. 28 1059 Collins Ave. 38 1059 Collins Ave. 4. Felt Number 65-0722192 Not Applicable Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Su	2. Principal Place of Business 21	COULTY CC. COUNTY 30 COUNTY 30 COUNTY 30 B1 N. 82 SI 83 84 C Statutes, the above-na was authorized by the obs, Florida Statutes. (NOTE Registered Agent sign 13. ETE 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIF ETE 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-ZIF 31 TITLE 32 NAME 33 STREET ADD 34. CITY-ST-ZIF 41 TITLE 4. 2 NAME	of Business CONINS AVE. 28 1059 Colors tc. Suite, Apt. #, etc. 27 Suite 20 City & State Country Zip 28 Miami. Zip 29 33139 Name and Address of Current Registered Agent AWYER CHARTERED MERIA AVENUE GABLES FL 33134	- 1 2 1 6 Country 30 US 81 Name 82 Street Ac 83 84 City	02/03/1997 4. FEI Number 65-0722192 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Personal Property Tax. 10. Name and Address of New Register	\$8.75 Fee R \$5.00 Added Intangible Yes	Additional Required May Be I to Fees
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9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 85 Sireet Address (P.O. Box Number is Not Acceptable) 86 Sireet Address (P.O. Box Number is Not Acceptable) 87 Sireet Address (P.O. Box Number is Not Acceptable) 88 Sireet Address (P.O. Box Number is Not Acceptable) 89 Sireet Address (P.O. Box Number is Not Acceptable) 80 Sireet Address (P.O. Box Number is Not Acceptable) 81 Sireet Address (P.O. Box Number is Not Acceptable) 82 Sireet Address (P.O. Box Number is Not Acceptable) 83 Sireet Address (P.O. Box Number is Not Acceptable) 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 are like it of agencially agent are like it of agencially agency and the resistance of agent agency and statutes. PSTD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Xohange Addit NAME SIREET ADDRESS 1059 COLINS AVE, 101 BOX 1216 Change Addit NAME 12. NAME 13. SIREET ADDRESS 1059 COLINS AVE, 101 BOX 1216 Change Addit NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Xohange Addit NAME 12. NAME 13. SIREET ADDRESS 1059 COLINS AVE, 101 BOX 1216 Change Addit ANDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Xohange Addit NAME 12. NAME 13. SIREET ADDRESS 1059 COLINS AVE, 101 BOX 1216 Change Addit ANDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Xohange Addit ANDITIONS/CHANGES IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Xohange ADDITIONS/CHANGES IN 12 Xohange ADDITIONS/CHANG	9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was aut agent. 1 am familiar with, and accept the obligations of, Section 607.0505, Florid SIGNATURE Signature. typed or printed name of registered agent and title if applicable. (NOTE FILE) 12. OFFICERS AND DIRECTORS TITLE PSTD DELETE THANDERS, CYNTHIA M STREET ADDRESS CITY-ST-ZIP MIAMI BCH FL 33139 TITLE NAME STREET ADDRESS CITY-ST-ZIP	81 N. 82 SI 83 84 C Statutes, the above-na was authorized by the D5, Florida Statutes. (NOTE Registered Agent sign 13. ETE 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADD 3.4, CITY-ST-ZIP 4.1 TITLE 4.2 NAME	Name and Address of Current Registered Agent AWYER CHARTERED MERIA AVENUE GABLES FL 33134 We provisions of Sections 607.0502 and 607.1508, Florida Statu	81 Name 82 Street Ac 83 84 City	10. Name and Address of New Register		
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1509, 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 nereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered of agent and a private required when reinstains) Signature types or private remains of registered agent are see if applicable. PSTD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSTD PLANE FLANDERS, CYNTHIA M STREET ADDRESS OFFICERS AND BOX 1216 12 NAME 12 NAME 12 NAME 12 NAME 12 NAME 12 NAME 13 STREET ADDRESS OFFICERS 13. TITLE 10. DELETE 11. TITLE 12. TITLE 13. TITLE 14. TITLE 14. TITLE 15.	AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was aut agent. 1 am familiar with, and accept the obligations of, Section 607.0505, Florid SIGNATURE Signature. typed or printed name of registered agent and title if applicable. (NOTE FILE) 12. OFFICERS AND DIRECTORS TITLE PSTD DELETE PLANDERS, CYNTHIA M STREET ADDRESS CITY-ST-ZIP MIAMI BCH FL 33139 TITLE NAME STREET ADDRESS CITY-ST-ZIP	Statutes, the above-na was authorized by the D5, Florida Statutes. (NOTE Registered Agent sign 13. ETE 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADD 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	AWYER CHARTERED MERIA AVENUE GABLES FL 33134 We provisions of Sections 607.0502 and 607.1508, Florida Status tered agent or both in the State of Florida, Such change was a	82 Street Ac 83 84 City		ed Agent	
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343 ALMERIA AVENUE CORAL GABLES FL 33134 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, and accept the obligations of Section 807.0505, Florida Statutes. SIGNATURE Signature bysed or printed name of registered agent and tile if applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSTD STREET ADDRESS, CYNTHIA M 12. NAME FLANDERS, CYNTHIA M 13. STREET ADDRESS 10.59 COLLINS AVE, 101 BOX 1216 13. STREET ADDRESS 10.59 COLLINS AVE, 101 BOX 1216 14. CITY-ST-ZP MIAMI BCH FL 33139 DELETE 21. TITLE 22. STREET ADDRESS CITY-ST-ZP TITLE 32. STREET ADDRESS CITY-ST-ZP TITLE 32. STREET ADDRESS CITY-ST-ZP TITLE 32. STREET ADDRESS CITY-ST-ZP TITLE 32. STREET ADDRESS CITY-ST-ZP TITLE 33. STREET ADDRESS CITY-ST-ZP TITLE 34. CITY-ST-ZP Change Addit 42. NAME 43. STREET ADDRESS CITY-ST-ZP TITLE 34. CITY-ST-ZP Change Addit 44. CITY-ST-ZP Change Addit 45. STREET ADDRESS CITY-ST-ZP Change Addit 45. STREET ADDRESS CITY-ST-ZP Change Addit	343 ALMERIA AVENUE CORAL GABLES FL 33134 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE FILE) 12. OFFICERS AND DIRECTORS TITLE PSTD DELETE NAME STREET ADDRESS CITY-ST-ZIP MIAMI BCH FL 33139 TITLE NAME STREET ADDRESS CITY-ST-ZIP	Statutes, the above-na was authorized by the D5, Florida Statutes. (NOTE Registered Agent sign 13. ETE 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADD 3.4 CITY-ST-ZIF 4.1 TITLE 4.2 NAME	MERIA AVENUE GABLES FL 33134 We provisions of Sections 607.0502 and 607.1508, Florida Status tered agent or both in the State of Florida, Such change was a	83 84 City	ddress (P.O. Box Number is Not Acceptable)		
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TI. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-marked corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature True	office or registered agent, or both, in the State of Florida. Such change was aut agent. 1 am familiar with, and accept the obligations of, Section 607.0505, Florid SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE FIGURE AND DIRECTORS) TITLE PSTD FLANDERS, CYNTHIA M STREET ADDRESS CITY-ST-ZIP MIAMI BCH FL 33139 TITLE NAME STREET ADDRESS CITY-ST-ZIP	Statutes, the above-na was authorized by the D5, Florida Statutes. (NOTE Registered Agent sign 13. ETE 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADD 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	tored agent, or both, in the State of Florida, Such change was a			n= 7:n	Cada
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 tife if applicable. (NOTE Registered Agent suprature required when reinstating.) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PSTD Change Addit 12. NAME FLANDERS, CYNTHIA M STREET ADDRESS, 1559 Collins AVE, 101 BOX 1216 13. STREET ADDRESS 14. CITY-ST-ZIP TITLE NAME 14. CITY-ST-ZIP DELETE 13. TITLE Change Addit 14. CITY-ST-ZIP TITLE DELETE 33. TITLE Change Addit Addit Change Addit 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit Addit Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DELETE 33. TITLE Change Addit Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addit ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECT	office or registered agent, or both, in the State of Florida. Such change was aut agent. 1 am familiar with, and accept the obligations of, Section 607.0505, Florid SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE FINE SIGNATURE OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS TITLE PSTD OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CYNTHIA M STREET ADDRESS CITY-ST-ZIP OFFICERS	Was authorized by the 05, Florida Statutes. (NOTE Registered Agent sign 13. ETE	tored agent, or both, in the State of Florida, Such change was a		F	EL 85 Zip	Code
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14. I hereby certify that the information supplied with this filling 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 on an attachment with appaddress, with attachment like empowered.

SIGNATURE: