

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000013873 (9)

1. Corporation Name
NOBREGA TRADING COMPANY

Principal Place of Business

151 MAJORCA AVE. SUITE C
CORAL GABLES FL 33134

Mailing Address

151 MAJORCA AVE. SUITE C
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1997

4. FEI Number

65-0748121

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business
21 1717 North Bayshore Dr.

2a. Mailing Address
26 151 Majorca Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 2750

27 Suite C

City & State

City & State

23 Miami, FL

28 Coral Gables, FL.

Zip

Country

Zip

Country

24 33132

25 USA

29 33134

30 USA.

9. Name and Address of Current Registered Agent

PRATS, GABRIEL
151 MAJORCA AVE, SUITE C
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

NOBREGA, EDITH M

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

3500 GALT OCEAN MILE, SUITE 517

83

84 City

FORT LAUDERDALE

FL

85 Zip Code

33308

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 and printed name of registered agent and sign if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/98

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PCTD
NOBREGA, EDNA
151 MAJORCA AVE, SUITE C
CORAL GABLES FL 33134

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VSD
NOBREGA, EDITH M
151 MAJORCA AVE, SUITE C
CORAL GABLES FL 33134

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

VSD
WALKER, GRAYSON
3500 GALT OCEAN MILE SUITE 517
FORT LAUDERDALE FL 33308

☐ Change ☒ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

PCTD
NOBREGA, EDITH M
3500 GALT OCEAN MILE SUITE 517
FORT LAUDERDALE FL 33308

☒ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

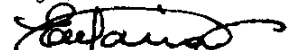
☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 attachment with an address.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/98

Date

Daytime Phone # 0181452

CR2E034 (10/97)