

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

DOCUMENT # P97000013873

1. Corporation Name

NOBREGA TRADING COMPANY

Principal Place of Business

1717 N BAYSHORE DR
STE 2750
MIAMI FL 33132
US

Mailing Address

~~151 MAJORCA AVE
STE C
CORAL GABLES FL 33134
US~~

2. Principal Place of Business

21 3400 Galt Ocean Dr #21105
Suite, Apt. #, etc.

22 Ft. Lauderdale, Florida
City & State

23 33308 USA
Zip Country

24 33308 25 USA
Zip Country

2a. Mailing Address

26 3400 Galt Ocean Dr #21105
Suite, Apt. #, etc.

27 Ft. Lauderdale, Florida
City & State

28 33308 USA
Zip Country

29 33308 30 USA
Zip Country

9. Name and Address of Current Registered Agent

NOBREGA, E M
3400 3500 GALT OCEAN MILE
STE 517- 2110
FT LAUD FL 33308

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

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name E

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 PCTD ☒ DELETE

NAME NOBREGA, EDNA
STREET ADDRESS 151 MAJORCA AVE, SUITE C
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VSD ☒ DELETE

NAME WALKER, G
STREET ADDRESS 3500 BART OCEAN MILE, STE 517
CITY-ST-ZIP FT LAUD FL 33308

TITLE PCTD ☐ DELETE

NAME NOBREGA, E M
STREET ADDRESS 3500 GALT OCEAN MILE
CITY-ST-ZIP FT LAUD FL 33308

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/99

954-5640057

CR2E034 (11/98)

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FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90098 035 ***150.00

