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

**PROFIT** CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

## FILED May 08, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State 05-08-1999 90061 001 \*\*\*150.00

DOCUMENT # P9700021962  1. Corporation Name EDICAM TRADING, INC.						
Principal Plac	e of Business	Mailing Address			I SMBYSMOT TIM COURT CONTY CONTY WORKS AND CONTY CONTY CONTY OF THE STATE CONTY CONTY	
12260 SW 92ND STREET 12260 SW 92ND STREET						
MIAMI FL 33186 MIAMI FL 33186						
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
		1 - 14 W - 4			03/11/1997	
	lace of Business	2a. Mailing Address	7		4. FEI Number Applied For Not Applied For Not Applicable	
21 Suito Ant	# atc	Suite Ant # etc	Suite, Apt. #, etc.		NOT APPLICABLE   Not Applicable   \$8.75 Additional	
					5. Certificate of Status Desired Fee Required	
27					c Flortion Compaign Financing \$5.00 May Po	
¬,					Trust Fund Contribution Added to Fees	
<b>23</b> Zip	Country	Zip	Country		This corporation owes the current year Intangible	
24	25	29 30	<u>.</u>		Personal Property Tax.	
	9. Name and Address of Curren	· <del></del>			10. Name and Address of New Registered Agent	
			81	Name	ne e	
	GUNNAR		82	Street /	et Address (P.O. Box Number is Not Acceptable)	
12260 SW 92ND STREET				Olicera	ot radioss (F.o. Box Hamber to Not recorptaine)	
MIAMI FL 33186			83			
			84	City	85 Zip Code	
			04	City	FL   s   z   c   c	
office or r	to the provisions of Sections 607.050, registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was auth	orized by	the corpo	ed corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE						
	Signature, typed or printed name of registered ager		<del></del>	t signature re	re required when reinstating) DATE	
12.		ID DIRECTORS	13.	- 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	□ pereie	1.1 TITLE 1.2 NAME		V/S Change PAddition EDILBERTO CAMACHO 12360 SW 92NA STR	
NAME	EK, GUNNAR		1.2 NAME		IZZEO SW 9ZND STR.	
STREET ADDRESS			<b>1</b> 1 2		MIAMI FL 33186	
CITY-ST-ZIP	MIAMI FL 33186		,,,, , , , , , , , , , , , , , , , , ,		☐ Change ☐ Addition	
TITLE		Decere	2.1 TITLE			
NAME			2.2 NAME			
STREET ADDRESS	·		2.3 STREET		55	
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 CITY-S 3.1 TITLE	1-ZIP	Change Addition	
		_ Section	3.2 NAME	l		
NAME				Annoese	200	
STREET ADDRESS			3.3 STREET 3.4. CITY-S	- 1	55	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	1-211	☐ Change ☐ Addition	
NAME		<u></u>	4. 2 NAME		_	
STREET ADDRESS			4.3 STREET	ADDRESS	200	
CITY+ST-ZIP			4.4 CITY-S1	- 1		
TITLE	<del></del>	☐ DELETE	5.1 TITLE	<u></u>	☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS	ss	
CITY-ST-ZIP			5.4 CITY+S1	-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME		_	6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS	ss	
GINEEI ADDRESS		~ / / /	64 CITY-SI	- 1		

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 the 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 tystee 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 all attachment state and other like empowered.

SIGNATURE: \_\_