1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90172 031 ***150.00

DOCUMENT # P97000046220

1. Corporation Name

BR TRADING, CORP.

Principal	Place	of Busines	S
1			

9886 N.W. 51ST TERR

MIAMI FL 33178-1945

Mailing Address

9886 N.W. 51ST TERR MIAMI FL 33178-1945



US	US			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 05/21/1997			
2. Principal Place of Rusines	2a. Mailing	Address 07 11	_	we	4. FEI Number			Applied For
21 1601 NW 9+1	$wwe _{26}$	INW TITH	C	ME	65-0779768		1.1.1	Not Applicable
Suite, Apt. #, etc.	Suite, /	Apt. # etc. Lete A			5. Certificate of Status Desired		•	Additional Required
City & State	City & 28 M/F	MI - HL			Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip 33142 [25	Country USA 29 33	142/ 30 Country	S	A	This corporation owes the curre Personal Property Tax.		☐ Yes	□No
9, Name ar	d Address of Current Registered A	gent			10. Name and Address of New R	egistered	Agent	
CONTIPELLI, BRIA	AI 44	81	N	Name				
9886 N.W. 51ST 1	ERR	82	S	Street Addres	s (P.O. Box Number is Not Accepta	ble)		
MIAMI FL 33178-1	945	83	3					
		84	C	City		FL	85 Zi	p Code
44 Durayant to the provision	o of Sections 607 0502 and 607 1508	Florida Statutes the abov	/O-D2	amed cornor	ation submits this statement for the	ournose of	changing	its registered

runsuant to the provisions of sections our residence and our residence statement of the purpose of changing its 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.

agent. Fair terminal with, and accept the surgestions of, decided services of, notice extension.								
SIGNATURE Storature Proof or printed name of recistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN					
PTD	DELETE	1.1 TITLE		☐ Change	Addition			
CONTIPELLI, BRIAN N		1.2 NAME						
9886 N.W. 51ST ST.		1.3 STREET ADDRESS						
TERRACE FL 33178-1945		1.4 CITY-ST-ZIP						
SVD	☐ DELETE	2.1 TITLE		Change	☐ Addition			
CONTIPELLI, ROSELI G		2.2 NAME						
9886 N.W. 51ST ST.		2.3 STREET ADDRESS						
TERRACE FL 33178-1945		2. 4 CITY-ST-ZIP						
	☐ DELETE	3.1 TITLE		Change	☐ Addition			
		3.2 NAME						
		3.3 STREET ADDRESS						
		3.4. CITY-ST-ZIP		****				
	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition			
		4. 2 NAME			:			
		4.3 STREET ADDRESS						
		4.4 CITY-ST-ZIP						
	DELETÉ	5.1 TITLE	•	Change	☐ Addition			
		5.2 NAME	•					
		5.3 STREET ADDRESS						
		5.4 CITY+ST+ZIP						
-	☐ DELETE	6.1 TITLE		☐ Change	Addition			
		6.2 NAME						
		6.3 STREET ADDRESS			'			
		6.4 CITY-ST-ZIP						
	Signature, typed or printed name of registered agent and title if applice OFFICERS AND DIRECTOF PTD CONTIPELLI, BRIAN N 9886 N.W. 51ST ST. TERRACE FL 33178-1945 SVD CONTIPELLI, ROSELI G 9886 N.W. 51ST ST. TERRACE FL 33178-1945	Signature, typod or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS PTD CONTIPELLI, BRIAN N 9886 N.W. 51ST ST. TERRACE FL 33178-1945 SVD CONTIPELLI, ROSELI G 9886 N.W. 51ST ST. TERRACE FL 33178-1945 DELETE DELETE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require OFFICERS AND DIRECTORS 13. PTD	Signature, typoid or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithme required when relinitating)			

indicated on this annual report or supplied with this him globs not qualify for the exemption stated in Section (19.07(3))), Profide Statutes. 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.