**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000047421

1. Corporation Name

FILCO TRADING, INC.

Principal Place of Business

Mailing Address

## FILED Mar 17, 1999 8:00 am **Secretary of State**

03-17-1999 90138 050 \*\*\*150.00



8355 SW 43 TERRACE MIAMI FL 33155	8355 SW 43 TERRACE MIAMI FL 33155			DO NOT WRITE IN THIS	S SPACE
			-	3. Date Incorporated or Qualifed 05/29/1997	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			65-0762354	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State -	City & State			5. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip Coi	untry	1	<ol> <li>This corporation owes the current year In Personal Property Tax.</li> </ol>	tangible
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
PEREZ, BAHAR ASSOC.		81	Name		
14730 BE 10TH AVE		82	Street Address (P.O. Box Number is Not Acceptable)		
N. MIAMI FL 33161		83			
		84	City	Fl	85 Zip Code
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes, the a	above-	-named corporati	ion submits this statement for the purpose o	f 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE FILIPPI, EUGENIO 1.2 NAME NAME 8355 SW 43 TERRACE 1.3 STREET ADORESS STREET ADDRESS **MIAMI FL 33155** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE FILIPPI, TRACY 22 NAME NAME 8355 SW 43 TERRACE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33155 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE TITLE 4.1 TITLE 4.2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 5.1 TITLE TTLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

CR2E034 (11/98)