


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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90037 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000049144					
1. Corporation Name SUNTRADING INC.					
Principal Place of Business 949 WEST END AVENUE SUITE #5E NEW YORK NY 10025 US			Mailing Address 949 WEST END AVENUE SUITE #5E NEW YORK NY 10025 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/04/1997	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 13-3984841	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE KELL AVENUE SUITE 3000 MIAMI FL 33131			81 Name		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	MALDONADO, VICTOR				
STREET ADDRESS	155 OCEAN LANE DRIVE #801				
CITY-ST-ZIP	KEY BISCAYNE FL 33149				
TITLE	D <input type="checkbox"/> DELETE				
NAME	MALDONADO, IGNACIO				
STREET ADDRESS	155 OCEAN LANE DRIVE #801				
CITY-ST-ZIP	KEY BISCAYNE FL 33149				
TITLE	D <input type="checkbox"/> DELETE				
NAME	DE MALDONADO, MARIA I				
STREET ADDRESS	155 OCEAN LANE DRIVE #801				
CITY-ST-ZIP	KEY BISCAYNE FL 33149				
TITLE	PD <input type="checkbox"/> DELETE				
NAME	ARENAS, JAIME				
STREET ADDRESS	949 WEST END AVE #5E				
CITY-ST-ZIP	NEW YORK NY 10025				
TITLE	D <input type="checkbox"/> DELETE				
NAME	LUPEZ, ALBERTO ESPINS				
STREET ADDRESS	DIAGONAL 127 A NO 17-54 OFF-703				
CITY-ST-ZIP	SANTA FE DE BOGOTA CO				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.1 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D ESPINOSA, ALBERTO				
5.3 STREET ADDRESS	SAME				
5.4 CITY-ST-ZIP	SAME				
6.1 TITLE					<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (1/198)