(407) 766-7979

	NOW: FILING FEE	AFTER	MAY 1ST IS	\$550.0	0	·)	
COR ANNU	PROFIT PORATION AL REPORT Secretary of		Hards		THE POPPER STATE		
1999 DIVISION OF CORPORATIONS					EN OF CORPORATIONS		
DOCUMENT # P9700050524 VI. Corporation Name NEW WAY TRADING CORP.					99 AUG 13 AM 9: 09		
						מת הנוסם אומס הוספר והמוד שנה המשכה בנו ב	(1) 30: 31 4: 14 30:3 1 3 :140 140:1 1 :01 1 :0 1
Principal Place of Business Mailing Address						III byio t g irli blits : bill s kibii blit ifol	
8131 LAUREL TREE DR. ORLANDO FL 32819 B131 LAUREL TREE DR. ORLANDO FL 32819 READO FL 32819						DO NOT WRITE II	N THIS SPACE
						3. Date Incorporated or Qualifed)
			·			06/06/1997	
2. Principal Place of Business 2a. M 21 26			Mailing Address			4. FEI Number 59-3454688	Applied For Not Applicable
			Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75 Additional
22) 27			C/L 2 CV-1				Fee Required
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	·			Country		8. This corporation owes the currently Personal Property Tax.	ear Intangible
	9. Name and Address of Co			81		10. Name and Address of New Regis	
8131	ialhaes, odair I Laurel Tree Dr. Ando Fl 32819			82 83	Street Add	fress (P.O. Box Number is Not Acceptable)	85 Zip Code
11. Pursuant office or reagent. I as	to the provisions of Sections 607 egistered agent, or both, in the 5 m familiar with, and accept the o	7.0502 and 607. State of Florida Obligations of, Se	1508, Florida Statutes Such change was au ection 607.0505, Flori	s, the above thorized by da Statutes	e-named corporat	poration submits this statement for the purp ion's board of directors. I hereby accept the	pose of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registers	ed agent and title if ap	plicable (NOTE (Registered Agen	l signature requir	ed where reinstating)	DATÉ
12.	, . 	S AND DIRECT		13.		ADDITIONS/CHANGES TO OFFICE	
TITLE NAME	DPVS MAGALHAES, ODAIR	☐ DELETE		11 TITLE 1.2 NAME			[] Change [] Addition
STREET ADDRESS	8131 LAUREL TREE DR.			1.3 STREET ADORESS		2000029623525 -08/17/9901066003	
CITY-ST-ZIP	ORLANDO FL 32819		1.4 C/TY-S1-ZIP			00 ****150.00	
TITLE	T		☐ DELETE	2 1 TITLE	{		Change Addition
NAME	MAGALHAES, ODAIR 8131 LAUREL TREE DR.		22 NAME 23 STREET ADORESS			}	
STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32819			2 4 CITY-5	,		
THLE	VI		[] DELETE	3 1 TITLE			☐ Change ☐ Addition
NAME				32 NAME	}		}
STREET ADDRESS				3.3 STREE)		ĺ
CITY-ST-ZIP TITLE	DELETE			34 CITY-ST-ZIP			Change Addition
NAME				4 2 NAME	{		
STREET ADDRESS				7	ADDRESS		
CITY-ST-ZIP	<u></u>		DELETE	44 CFTY-S 51 THTLE	T-21P		Change Addition
NAME			El officir	52 NAME	İ	•	Li o mage Li raditori
STREET ADDRESS					ADORESS	1 M a)	13
CITY-ST-ZIP				54 CITY-S	1-ZIP	Ni o	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
TITLE			DELETE	61 TITLE	1	7	Change Addition
NAME STREET ADORESS				62 NAME 63 STREE	ADDRESS	\	
SILITE I MODULESO	1				1		Į.

14. Thereby certify that the information supplied with his 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 financial report free and accurate 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 precedent or trusted supprovinger to secure 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:

ME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP