

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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90183 028 \*\*\*150.00

01/2/2005

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P97000050840**

1. Corporation Name  
**PHONANZA TRADING, INC.**

Principal Place of Business  
 6412 NW 82ND AVE  
 MIAMI FL 33166

Mailing Address  
 6412 NW 82ND AVE  
 MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **934 N. UNIVERSITY DR.**  
 Suite, Apt. #, etc.  
 22 **Suite 218**

23 **CORAL SPRINGS FL**

24 **33071** 25 **BROWARD**

2a. Mailing Address

26 **934 N. UNIVERSITY DR.**  
 Suite, Apt. #, etc.  
 27 **Suite 218**

28 **CORAL SPRING FL**

29 **33071** 30 **BROWARD**

3. Date Incorporated or Qualified

**06/09/1997**

4. FEI Number

**65-0759798**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**BETANCOURT, ENRIQUE**  
 1030 CORAL RIDGE DR.  
 APT. 201  
 CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**110 NW 98 WAY**  
 83  
 84 City **CORAL SPRINGS** FL 85 Zip Code **33071**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE **PTD**  
 NAME **BETANCOURT, ENRIQUE**  
 STREET ADDRESS ~~6412 NW 82ND AVE~~ **110 NW 98 WAY**  
 CITY-ST-ZIP ~~MIAMI FL 33166~~ **CORAL SPRINGS, FL 33071**

TITLE **VSD**  
 NAME **SANCHEZ, MARIA**  
 STREET ADDRESS ~~6412 NW 82ND AVE~~ **110 NW 98 WAY**  
 CITY-ST-ZIP ~~MIAMI FL 33166~~ **CORAL SPRINGS FL 33071**

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  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:

**ENRIQUE BETANCOURT**

**1/21/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)