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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000054427**1. Corporation Name

DOWNUNDER TRADING (U.S.A.), INC.

Principal	Place of	Business

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

04-21-1999 90107 004 ***150.00



Principal Place of Business	Maning Address				•			
1 SE 3RD AVE 28TH FL. MIAMI FL 33131	1 SE 3RD AVE., 28TH FL. MIAMI FL 33131		DO NOT WRITE IN THIS SPACE					
				3. Date Incorporated or Qualifed				
				06/19/1997				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For		
m]	26			APPKIEDKEOR 65-0910430		Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	- \$ 8:	75 Additional		
22	27			5. Certificate of Status Desired	. F	ee Required		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	-	5.00 May Be		
Zip Country		ountry		This corporation owes the current year Int. Personal Property Tax.	☐ Yes	s □No		
9. Name and Address of	Current Registered Agent	Ш.		10. Name and Address of New Registered	Agent			
		81	Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET		82	82 Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301-2525	i	83						
•		84	City	FL	85	Zip Code		
office or registered agent, or both, in th	607.0502 and 607.1508, Florida Statutes, the e State of Florida. Such change was authorize obligations of Section 607.0505. Florida St	ed by t	-named corpo the corporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoin	changii ntment	ng its registered as registered		

SIGNATURE Signature, typed or grinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
12.	OFFICERS AND DIRECTORS		13.		HANGES TO OFF	ICERS AND DIRECTO		
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	URIBE, JORGE E		1.2 NAME					
STREET ADDRESS	4511 FISHER ISLAND DRIVE		1.3 STREET ADDRESS			•		
CITY-ST-ZIP	FISHER ISLAND FL 33109		1.4 CITY-ST-ZIP					
TITLE .	STD	☐ DELETE	2.1 TITLE	_		Change	Addition	
NAME	-WEIL-SONIA		عجيد - £2.2 NAME.	The second second			-/	
STREET ADDRESS	4511 FISHER ISLAND DRIVE		2.3 STREET ADDRESS	4 M		*4		
CITY-ST-ZIP	FISHER ISLAND FL 33109		2.4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME			3.2 NAME				ĺ	
STREET ADORESS	-		3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS	પ્રમૃદ્		4.3 STREET ADDRESS					
CITY-ST-ZIP	763.5		4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME	·		5.2 NAME				}	
STREET ADDRESS			5.3 STREET ADDRESS				j	
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME		•	6.2 NAME				1	
STREET ADDRESS			6.3 STREET ADDRESS					
CfTY-ST-ZIP		•	6.4 CITY-ST-ZIP			f 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: