

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 25 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000063000

AMENDED ANNUAL REPORT

IZARO TRADING, INC.

Principal Place of Business Mailing Address
471 S.W. 8 Street 471 S.W. 8 Street
Miami, Florida 33130 Miami, Florida 33130

600002703736-- 3
-12/04/98--01103--003
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/22/97.	
25		26		4. FEI Number 65-0982191	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
27		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
28		28		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
Zip		Zip		Country	
29		29		Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
COSME DE LA TORRIENTE, ESQ. 155 S.W. 25th Road Miami, Florida 33130				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, and I am authorized to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D/P	11 TITLE	D/P
12 NAME	URIA, JAVIER	12 NAME	URIA, JAVIER
13 STREET ADDRESS	601 N.E. 39 St., Apt. 323	13 STREET ADDRESS	471 S.W. 8 Street
14 CITY-STATE-ZIP	Miami, FL 33137	14 CITY-STATE-ZIP	Miami, Florida 33130
21 TITLE	D/V/S	21 TITLE	EV
22 NAME	SALAZAR, MIGUEL	22 NAME	GENUA, JOSE ANTONIO
23 STREET ADDRESS	301 N.E. 39 Street, Apt. 323	23 STREET ADDRESS	471 S.W. 8 Street
24 CITY-STATE-ZIP	Miami, FL 33137	24 CITY-STATE-ZIP	Miami, FL 33130
31 TITLE		31 TITLE	D/V
32 NAME		32 NAME	GUZMAN, DOMINGO
33 STREET ADDRESS		33 STREET ADDRESS	471 S.W. 8 Street
34 CITY-STATE-ZIP		34 CITY-STATE-ZIP	Miami, FL 33130
41 TITLE		41 TITLE	S
42 NAME		42 NAME	MOLINUEVO, MARIA JESUS
43 STREET ADDRESS		43 STREET ADDRESS	471 S.W. 8 Street
44 CITY-STATE-ZIP		44 CITY-STATE-ZIP	Miami, FL 33130
51 TITLE		51 TITLE	D
52 NAME		52 NAME	OTXOA, FERNANDO
53 STREET ADDRESS		53 STREET ADDRESS	471 S.W. 8 Street
54 CITY-STATE-ZIP		54 CITY-STATE-ZIP	Miami, FL 33130
61 TITLE		61 TITLE	D
62 NAME		62 NAME	ARRATE, JOSE MARIA
63 STREET ADDRESS		63 STREET ADDRESS	471 S.W. 8 Street
64 CITY-STATE-ZIP		64 CITY-STATE-ZIP	Miami, FL 33130

14. I, _____, Secretary of State, do hereby certify that the foregoing does not qualify for the exemption status in Section 119.003(3)(b), Florida Statutes, Chapter 119, Part I, Florida Statutes, and that the report is true and accurate and that my signatory is duly authorized to execute and file this report on behalf of the corporation. I am attached with an address.

SIGNATURE: _____ MARIA JESUS MOLINUEVO 11/16/98 (305) 376-6023