

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAFITMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State 04-07-1999 90030 030 ***150.00

I, Corporado	MENT # P97000(TRADING, INC.	064845								
Principal Place	e of Business	Mailing Address				1 (190)	LI G E L TIO I O LIS (CO O)4 CO IX (tatta eesti barra e	illi kibat ibitt e	t ea. a. et (a e t
2264 NW 87TH	AVE	9425 SOUTHWEST 91 STREET	Γ			1				
MIAMI FL 33172 MIAMI FL 33176							DO NOT WE	RITE IN THIS	SPACE	
US						3. Date inco	proporated or Qualife			
						07/28/1	1997			
2. Principal P	lace of Business	2a. Malling Address				4, FEI Num				olied For
21		26 2264 NW 87 AV	e			65-059	0482			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate	of Status Desired		\$8.75 A	
27						- Election	Campaign Financing	<u> </u>	\$5.00	
City & State City & State		28 Miami, FL			1	d Contribution	' 🗅	Added to		
Zip	Country	Zip Zip	Cour	ntry		g. This corporation owes the current year intangible				
24	25	29 33172 34	ה			Personal Property Tax. Yes No				□No
	9. Name and Address of Current					10. Name ar	nd Address of New	Registered /	\ge nt	
H 141	TOWARD CONTRACT		İ	81 Na	ame JH	ANGIMAL,	DIPU D. MI	t		
	VGIMAL, SONIA D		ľ	82 St	reet Addre	ss (P.O. Box N	umber is Not Accep Ave	table)		
	SW 91ST STREET #I FL 33176				220	94 NW 8/	Ave			
WILLIAM	M FL 33170		1	83						
		·	ľ	84 Ci	ty		•	FL	€5 Zip C	
		and COT 4EDD Floride Statutes	the of		mad come	emi retion submits	this statement for th	e pumose of s	hanging its	registered
SIGNATURE	to the provisions of Sections 607,0502 egistered agent, or both, in the State or m familiar with and accept the obligate Signature, typed or phreet many a registered agent. DEFICERS AND	and this y applicable. (NOTE: Re			ahre lequired	white reinstating)	IS/CHANGES TO O	DATE		
12.	PSTO DEPICENS AND	DIRECTORS DELETE	1.1 717	LE	T _{DC}		EXCTANGES TO U	T TOCKS AN	K Change	Addition
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CITY-ST-ZIP	<u></u>					1 440 07/0	VIII Parida Chabidae	I double an anal		formetive

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 cath; that I am an officer or director of the comporation or the receiver or insiste 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.

SIG	N/	TI	IDE

CHAIGNAT	URE	REQU	iired

305-498-8738