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 # **P97000067435**1. Corporation Name

ALLTRADER BUSINESS SERVICE CORP.

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

04-21-1999 90107 032 ***150.00



1.	1. 15 中华 11 11 11 11 11 11 11 11 11 11 11 11 11	ng Home grace						
Principal Place of Business Mailing Address					ים היוסס ווססו ויוסג פון וספונסטו ((1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	01383 (113) Bill (08)	
2301 COLLINS MIAMI BEACH I	05 A		DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed			
					08/04/1997			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 32N	Collins Nue	26 3200 Collis	ns Kyle		65-0772847		Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	11 '	5 Additional	
22 #67 27 #67						Fe6	Required	
City & State	MI BEACH BA	City & State 28 HIAMI BE		A	6. Election Campaign Financing Trust Fund Contribution	Add	00 May Be ed to Fees	
Zip 24 33/4	40 25 Orde/USA		Country	9_	8. This corporation owes the curre Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent	81 Nam	- /	10. Name and Address of New R	egisterea Agent		
PEREZ, EDUARDO								
2301 COLLINS AVE. STE. M-105 A				et Addres	Address (P.O. Box Number is Not Acceptable)			
MIAMI BEACH FL 33139			8,3	-#-	157		, ,	
			84 City		IAMI BERCH		Zip Code	
	to the provisions of Sections 607.0502	and 607 4509. Florida Statutos	the should pame				13/40	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was aut	horized by the co	rporation	's board of directors. I hereby accep	the appointment a	s registered	
SIGNATURE						DATE ·		
12.	Signature, typed or printed name of registered agent OFFICERS AND		egistered Agent signatu	required v	ADDITIONS/CHANGES TO OFF		CTORS IN 12 .	
TITLE	D OFFICERS AND	DELETE	1.1 TITLE	7	7,001,101,010,100,100	Char		
NAME	PEREZ, EDUARDO		1.2 NAME	1 _	a un Oua	Oto -4/-	<i>i</i> .	
STREET ADDRESS	2301 COLLINS AVE. STE. M-10	5 A - 1	1.3 STREET ADDRES	· .	200-COHIAS-ANC.			
CnTY-ST-ZIP	MIAMI BEACH FL 33139		1,4 CITY-ST-ZIP	1	tiami koenet, the	a 33140		
TITLE	D	☐ DELETE	2.1 TITLE	Į.		⊈ Char	nge	
NAME	PEREYRA, MARIA M		2.2 NAME		200 Collins Ave,	Q+1 41 m		
STREET ADDRESS	2301 COLLINS AVE. STE. M-105	5 A	2.3 STREET ADDRES					
CITY-ST-ZIP	MIAMI BEACH FL 33139		2. 4 CITY+ST-ZIP	14	liami Buch Fra	33/40		
TITLE		☐ DELETE	3.1 TITLE		,	☐ Char	nge	
NAME			3.2 NAME	1				
STREET ADDRESS	, .		3.3 STREET ADDRES	ss	•			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			Clar	ado [] Addisina	
TITLE		DELETE	4.1 TITLE			Char	nge 🗌 Addition	
NAME		•	4, 2 NAME					
STREET ADDRESS			4.3 STREET ADDRES	SS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP			☐ Char	nge Addition	
TITLE		C) DELETE	5.1 TITLE 5.2 NAME			, 	.g	
NAME	*		5.3 STREET ADDRES	- 22			}	
STREET ADDRESS			5.4 CITY-ST-ZIP	-				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Chai	nge	
TITLE .	,	- Openin	6.2 NAME					
NAME CERTATORIESES	<u>.</u>		6.3 STREET ADDRE	SS		4	1	
STREET ADDRESS			6.4 CITY-ST-ZIP			•	ļ	
CITY-ST-ZIP			= 0,, 0,,	1				

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 attactment with an address, with all other like empowered.

SIGNATURE: