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 # P97000076624

Corporation Name

CITY-ST-ZIP

DIMA TRADING CORPORATION

	•							
Principal Place	of Business	Mailing Address	Mailing Address					
13362 SW 28 S		13362_SW.28_ST					حد بد شا	
MIAMI FL 33175		MIAMI FL 33175	MIAMI FL 33175			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						09/04/1997		
2. Principal Pl	ace of Business	2a, Mailing Address				4. FEI Number	App	lied For
21			26			65-0779236	Not	Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.	<u> </u>			5. Certificate of Status Desired	\$8.75 A	
22	• ,	27	27			5. Certificate of Status Desired	Fee Rec	quired
City & State	98. 1 (18 J.)	City & State	City & State			6. Election Campaign Financing	\$5.00 •	
23	on the said	28	28			Trust Fund Contribution Added to Fees		
Zip	Country Country	Zip				8. This corporation owes the current year Intangible		
24	25 29		30			Personal Property Tax.		No
	9. Name and Address of Cui	rrent Registered Agent				10. Name and Address of New Registere	a Agent	
DILL	ANIDDEC			81	Name			1
DIU, ANDRES 13362 SW 28 ST				82	Street Add	reet Address (P.O. Box Number is Not Acceptable)		
								
MIAN	11 FL 33175			83				
	•			84	City		85 Zip C	ode
					•	<u></u>		
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statu	ites, the a	bove	-named cor	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its r ointment as reg	registered iistered
agent. I a	m familiar with, and accept the ob	oligations of, Section 607.0505, Fl	orida Stat	utes.	inc corpora	/	/ .	
SIGNATURE	maria E.	.,, ——	UREA			4/4	7/99	\
SICITATIONE	Signature, typed or printed name of registered	agent and title if applicable. (NOT	E: Registered	Agent	signature requi	red when reinstating) DATE	/ /	
12.		AND DIRECTORS	13.		-1-	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	RS IN 12 Addition
TITLE	DP	☐ DELETE	1.1 TI				☐ Change	E Addition
NAME	DIU, ANDRES		1.2 N					
STREET ADDRESS	13362 SW 28 ST		1.3 ST	TREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175			TY-ST	-ZiP		☐ Change	Addition
TITLE	DT	☐ DELETE	2.1 TI	TLE			☐ Change	E) Addition
NAME	DIU, MARIA E		2.2 N		1			1
STREET ADDRESS			2.3 \$	TREET	ADDRESS			
CITY+ST-ZIP	MIAMI FL 33175			TY-S	Γ-ZIP		Channa	- Addition
TITLE	DS	•		πE			Change	☐ Addition
NAME	DIU, ANDRES R		3.2 N	AME		:.		
STREET ADDRESS	13362 SW 28 ST		3.3 S	TREET	ADDRESS	•		
CITY-ST-ZIP	MIAMI FL 33175		3.4. 0	ITY-S1	r-ZIP			-
TITLE		☐ DELETE	4.1 TI	TLE.			Change	☐ Addition
NAME			4. 2 N	AME				Ì
STREET ADDRESS		*	4.3 S	TREET	ADDRESS			Į
CITY ST-ZIP				TY ST	ZP			
TITLE		☐ DELETE	5.1 TI				Change	Addition
NAME			52 N		ŀ			
STREET ADDRESS			5.3 S	TREET	ADDRESS		-	
CITY-ST-ZIP				ITY-ST	-ZIP			
TITLE		☐ DELETÉ	6.1 TI		1		☐ Change	☐ Addition
NAME			6.2 N	AME	1			}
STREET ADDRESS			6.3 S	TREET	ADDRESS			ì

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.

6.4 CITY-ST-ZIP

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90224 026 ***150.00