PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700080370

1. Corporation Name

FULL SERVICE TRADING, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90290 016 ***150.00



							38811 88 51 4881
Principal Place of Business Mailing Address							
10125 COSTA DEL SOL BLVD. 10125 COSTA DEL SOL BLV					1		
MIAMI FL 3317	8	MIAMI FL 33178			DO NOT WRITE IN THIS SPACE		
	•				3. Date Incorporated or Qualifed	STACE	
					09/15/1997		
		a Bisalina Addansa					plied For
2. Principal Place of Business 2a. Mailing Address					1 ·· LL		<u> </u>
21 26 Suite Apt # etc.					65-0792626	Not Applicable \$8.75 Additional	
Sulte, Apt. #, etc. Sulte, Apt. #, etc. 27					5. Certificate of Status Desired	Fee Required	
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	•
23		28			Trust Fund Contribution	Added 1	to Fees
Zip	Zip Country Zip				8. This corporation owes the current year Intangible		
24	25 29 3		30		Personal Property Tax.		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name	· ·		
PERES, LOUIS				Street Addr	ress (P.O. Box Number is Not Acceptable)		
6800 SW 40TH STREET			82	01160171001			
	TE 299		83				
MIAI	MI FL 33155					lant to	
•			84 City		Fi	85 Zip 0	Code
SIGNATURE	Signature, typed or printed name of registered a	3	Registered Ager	nt signature require	d when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO Change	RS IN 12 Addition
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Criange	Addition
NAME	NARCISO, MARIA B	_	1.2 NAME				
STREET ADDRESS	l	D.	1.3 STREE	TADORESS			
C/TY-ST-ZIP	MIAMI FL 33178		1.4 CITY-S	T- ZIP			- Addition
TITLE	STD DELETE		2.1 TITLE			Change	☐ Addition
NAME	NARCISO, LUIS A		2.2 NAME	1			
STREET ADDRESS		D	2.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI FL 33178		2. 4 C/TY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE	☐ DELETE		4.1 TITLE	}		Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS	8		4.3 STREE	T ADDRESS			
CITY-ST-ZIP		_	4.4 CITY-S	T-ZIP			
TITLE	1	☐ DELETE	5.1 TITLE			☐ Change	Addition Addition
NAME	ļ		5.2 NAME				
STREET ADDRESS	3		5.3 STREE	TADORESS			
CDV ST ZID			5.4 CITY-S	T-ZIP			

CITY-ST-ZIP 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

☐ DELETE

305-17342P

Change

☐ Addition