

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

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90026 007 \*\*\*158.75

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000085728**

1. Corporation Name  
**W.T. TRADING COMPANY CORPORATION**

Principal Place of Business  
 151 MAJORCA AVE  
 CORAL GABLES FL 33134

Mailing Address  
 151 MAJORCA AVE  
 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/02/1997**

4. FEI Number  
**65-0801213** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 **8009 N.W. 36TH STREET** Suite, Apt. #, etc.  
 22 **# 230** City & State  
 23 **MIAMI, FLORIDA** Zip Country  
 24 **33166** 25 **USA**

2a. Mailing Address

26 **8009 N.W. 36 STREET** Suite, Apt. #, etc.  
 27 **# 230** City & State  
 28 **MIAMI, FLORIDA** Zip Country  
 29 **33166** 30 **USA**

9. Name and Address of Current Registered Agent

**PRATS, GABRIEL**  
 151 MAJORCA AVE  
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name  
**GABRIEL PRATS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2121 PONCE DE LEON BLVD. # 240**

83

84 City **CORAL GABLES, FL** 85 Zip Code **33134**

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **2-8-99**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCST <input type="checkbox"/> DELETE	1.1 TITLE	P, S, T, D, C. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA, ALBERTO M	1.2 NAME	SANTAMARIA, ALBERTO
STREET ADDRESS	151 MAJORCA AVE	1.3 STREET ADDRESS	8009 N.W. 36 STREET, # 230
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	MIAMI, FL 33166.
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA, ALBERTO M	2.2 NAME	
STREET ADDRESS	151 MAJORCA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *Alberto M Santamaria* DATE: **3/23/99**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)