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 # P97000096902

1. Corporation Name

MARGRAN TRADING, INC.

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90014 028 ***150.00



Principal Place of Business Mailing Address						- I (BDISON IN INI INDI ANII ANIII ANIII ANII ANII		
112, 117, 1011, 011, 011		7427 NW 48TH STREET MIAMI FL 33166				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						11/13/1997		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ar	oplied For
26						65-07937 <u>61</u>	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc						5. Certificate of Status Desired	\$8.75	Additional
22						5. Certificate of Status Desired	Fee Re	equired
City & State City & State						6Election Campaign:Financing	•	-May Ba
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	ー Cou	ntry		8. This corporation owes the current year In		F-10.
24	25		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
, GILA	MAR OSORIO CARNEIRO DOS SA	NTOS		"				
9591 FONTAINBLEAU BLVD				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
#614				83				
	MI FL 33172			03				
MIA	411 1 E 33 17 E			84	City	FL	85 Zip	Code
	() () () () () () () () () ()	CO7 4509 Florido Statutos	the e		named com			s registered
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 a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statı	utes.			•	
SIGNATURE		and title if positionable (NOTE: I	Decistored	Acent	eigesture require	d when reinstating) OATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent	signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	PSD	☐ DELETE	1.1 TT	TLE			Change	☐ Addition
NAME	GILMAR OSORIO CARNEIRO DO	OS SANTOS	1.2 N	AME				
STREET ADDRESS	9591 FONTAINBLEAU BLVD, #6		1.3 S1	REET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172	· · ·	1.4 CI	TY-ST-	- ZIP			
TITLE	VTD	☐ DELETE	2.1 TI	TLE			☐ Change	☐ Addition
NAME	COSTA, CORNELIO	•	2.2 N	AME	ŀ			
STREET ADDRESS	15241 SE 51 STREET		2.3 S1	REET	ADDRESS			1
CITY-ST-ZIP	MIRAMAR FL 33027		2.4 C	ITY-ST	- Z!P			
TITLE		☐ DELETE	3.1 77				☐ Change	Addition
·NAME	e ee r, with it.		3.2 N	AME:	-	e e e e e e e e e e e e e e e e e e e	•	~~ =
STREET ADDRESS			3.3 \$	TREET.	ADDRESS			ľ
CITY-ST-ZIP			3.4. C	ITY-ST	-ZIP			
TITLE	_	☐ DELETE	4.1 TI	TLE			Change	Addition
NAME	-		4. 2 N	SMA				
STREET ADDRESS			4.3 S	TREET.	ADDRESS			
CITY-ST-ZIP		_	4.4 CI	TY-ST	-ZIP			
TITLE		☐ DELETE	5.1 π	TLE			☐ Change	Addition
NAME			5.2 N		-			
STREET ADDRESS			5.3 ST	TREET.	ADORESS			{
CITY-ST-ZIP			_	TY-ST	- ZIP	100000000000000000000000000000000000000		
TITLE		☐ DELETE	6.1 TI		1.		Change	☐ Addition
NAME			6.2 N					
STREET ADDRESS	İ		6.3 \$	TREET	ADDRESS			

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 suppliemental 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 of 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:

Daytime Phone #