Applied For

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90127 008 ***150.00

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DOCUMENT # P97000099140 1. Corporation Name

S.B.S. INTERNATIONAL TRADING, INC.

Principal Place of Business

260 NW 118 DR. CORAL SPRINGS FL 33071

2. Principal Place of Business

Mailing Address

260 NW 118 DR.

2a. Mailing Address

CORAL SPRINGS FL 33071

DO NOT	WRITE	IN THIS	SPACE
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3. Date Incorporated or Qualifed

11/20/1997

4. FEI Number

21			26				65-0794887			t Applicable
Suite, Apt.	#, etc.		Suite	e, Apt. #, etc.			5. Certifcate of Status Desired_		\$8.75	Additional
22			27	-			a. Certificate of Status Desired_		Fee Re	quired
City & Stat	е		City	& State			6. Election Campaign Financing		\$5.00	May Be
23			28				Trust Fund Contribution		Added t	o Fees
Zip	(Country	Zip		Country		8. This corporation owes the curr	rent year Inta		_
24	25		29	30	<u> </u>		Personal Property Tax.		Yes	□No
	9. Name and	Address of Current	Registered	Agent			10. Name and Address of New	Registered A	gent	
DALL	1000 1000	_			81	Name	•			j
PALLISSO, JORGE E				82	Street Add	dress (P.O. Box Number is Not Accept	able)			
260 NW 118 DR.										
COR	AL SPRINGS F	L 330/1			83		•		-	
	/	}			84	City			85 Zip (Code
	,	\mathbb{N}			i 1	Ÿ		<u>FL</u>	<u> </u>	
11. Pursuant	to the provisions	Sections 607 0502	and 607.15	08, Florida Statutes,	the above	-named cor	poration submits this statement for the	purpose of one of the purpose of the	hanging its tment as re	registered gistered
agent. I a	egistered agent, t m familiar with, ar	nd) accept the poligation	ons of, Secti	ion 607.0505, Florida	Statutes.	uic corporat	tion's board of directors. I hereby acce	20/10	100	5
SIGNATURE	~	YVV XV	$\sim \Psi$					12/18	177	
OIGHATORE	Signature, typed or prin	ed name of registered agent			gistered Agen	t signature requi	red when reinstating)	DATE	' 	
12.		OFFICERS AND	DIRECTO		13.		ADDITIONS/CHANGES TO OF	FICERS ANI	D DIRECTO ☐ Change	RS IN 12 Addition
TITLE	DPS			☐ DELETE	1.1 TITLE				Change	- Accilion
NAME	PALLISSO, JO				1.2 NAME					,
STREET ADDRESS	260 NW 118				1.3 STREET	ADDRESS				
CITY-ST-ZIP	CORAL SPRIN	NGS FL 33071			1.4 CITY-S1	r-ZIP			Character	C Addition
TITLE	DVT			☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME.	TERRONES, J				2.2 NAME		•	-		
STREET ADDRESS	1468 SW 21 /	AVE.			2.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL				2.4 CITY-S	T-ZIP 4-3		. دو سچپســـــــــــــــــــــــــــــــــــ	· - ,	
TITLE				☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME					3.2 NAME					
STREET ADDRESS					3.3 STREET	ADDRESS				}
CITY-ST-ZIP					3.4. CITY-S	T-ZIP				
TITLE .				□ DELETÉ	4.1 TITLE				Change	☐ Addition }
NAME					4. 2 NAME					
STREET ADDRESS					4.3 STREET	ADDRESS				J
CITY-\$T-ZIP					4.4 CITY-ST	r-ZIP				
TITLE		<u>.</u>		DELETE	5.1 TITLE				Change	Addition)
NAME					5.2 NAME					
STREET ADDRESS					5.3 STREET	ADDRESS		!	:	
CITY-ST-ZIP				-	5.4 CITY-S	r-ZIP				
TITLE				☐ DELETE	6.1 TITLE	ļ			Change	Addition :
NAME					6.2 NAME	l				ł
STREET ADDRESS					6.3 STREET	ADDRESS				l I
CITY-ST-ZIP		Ŋ			6.4 CITY-S	r-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 reports 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 trusted 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 pther like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

954-260-0391