

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

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90038 015 ***158.75

DOCUMENT # P97000108868

1. Corporation Name
SIGNA TRADING COMPANY, INC.

Principal Place of Business
255 ALHAMBRA CIR STE 610
CORAL GABLES FL 33134

Mailing Address
13615 S. DIXIE HWY
114 G
MIAMI FL 33176
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/30/1997

4. FEI Number
65-0802678

Applied For
Not Applicable

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

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

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 13615 S. Dixie Hwy

2a. Mailing Address

Suite, Apt. #, etc.

22 Suite 114 G

City & State

23 Miami FL

Zip

24 33176

Country Dade

Zip

29

Country

30

9. Name and Address of Current Registered Agent

GOODMAN, ALISON L
255 ALHAMBRA CIR STE 610
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Allan Glaser
82 Street Address (P.O. Box Number is Not Acceptable)
11900 Biscayne Blvd. Suite 807
83
84 City Mi FL 85 Zip Code 33181

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

Allan Glaser Registered Agent

2/5/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ALBINO, JOSEPH
STREET ADDRESS P O BOX 025434 N/A
CITY-ST-ZIP MIAMI FL 33102-5434

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES. ☒ Change ☐ Addition
1.2 NAME Joseph F. ALBINO
1.3 STREET ADDRESS 13615 South Dixie Hwy Suite 114 G
1.4 CITY-ST-ZIP Miami FL 33176

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Joseph F. Albino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-99

Date

305-540-5748

Daytime Phone #

CR2E034 (11/98)

0254159