Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90061 035 ***150.00

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 # P98000014128

SANTANA AND SONS TRADING GROUP, INC.

Principal Place of Business Mailing Address							1) {	(1881)8111881
170 OCEAN LANE DRIVE SUITE 808		170 OCEAN LANE DRIVE SUITE 808 KEY BISCAYNE FL 33149						
KEY BISCAYNE FL 33149					DO NOT WRITE IN THE	S SPACE		
						3. Date Incorporated or Qualifed	301702	
					1	02/09/1998		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Apı	plied For
21		26			65-0814483	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27				5. Certificate of Status Desired	Fee Re	quired
City & State		City & State	City & State			6. Election Campaign Financing	\$5.00	- 1
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Count	гу		8. This corporation owes the current year Ir	<u> </u>	□No
24	25		30			Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Curre	nt Registered Agent	8	1	Name	To. Name and Address of New Registerer	1 Agoin	
SANTANA, HUMBERTO J JR			L					
170 OCEAN LANE DRIVE SUITE 808			8	82 Street Ad		ss (P.O. Box Number is Not Acceptable)	•	
KEY BISCAYNE FL 33149			8	3				
				\perp				
			8	4	City	F	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statute	s. the abo	ve-	-named corpor	ration submits this statement for the purpose of	of changing its	registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statute	9 S.		's board of directors. I hereby accept the appropriate the appropriate the second of directors and the second of directors are second of directors.	munent as ret	
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE: FOR SAND DIRECTORS			legistered Agent signature required 13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TILE	D DELETE		1.1 TITLE	_		ABBITTOTION OF THE PROPERTY OF	Change	Addition
NAME	SANTANA, HUMBERTO J JR		1.2 NAM					
STREET ADDRESS 170 OCEAN LANE DRIVE SUITE 808				1.3 STREET ADDRESS				
LIEN BIOCANNIE EL AGAMO				14 City-ST-ZIP				
TITLE			_	2.1 TITLE			Change	Addition
NAME	22		2.2 NAM	2.2 NAME				
STREET ADDRESS			2.3 STRE	ET /	ADDRESS			
CITY-ST-ZIP	l l		2. 4 CITY	2. 4 CITY-ST-ZIP				
TITLE			3 1 TITLE	3 1 TITLE			Change	☐ Addition
NAME	ε		3.2 NAM	3.2 NAME			•	
STREET ADDRESS			3.3 STRE	EΤ	ADDRESS			
CITY-ST-ZIP	ZIP		3.4. CITY	3.4. CITY-ST-ZIP				
TITLE	☐ DELETE 4.		4.1 TITLE	4.1 TME			☐ Change	Addition
NAME			4. 2 NAM	E				
STREET ADDRESS			4 3 STRE	EΤ	ADDRESS		•	
CITY-ST-ZIP	_		4.4 CITY	-ST-	- ZIP		*	
TITLE		☐ D£LETE	5.1 TITLE				Change	Addition
NAME			5.2 NAM	Е			•	
STREET ADDRESS			5.3 STRE	ET	ADDRESS	•	•	
CITY-ST-ZIP			5.4 CITY		- ZIP			
TITLE		☐ DELETE	6.1 TITLE	•			Change	☐ Addition

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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP