

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90189 007 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999

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



DOCUMENT # P98000018464

1. Corporation Name S & M TRADING INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
FEBRUARY 1998

4. FEI Number  
65-0814337

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

Principal Place of Business  
220 71ST STREET - SUITE 213  
MIAMI BEACH, FL 33141

2. Principal Place of Business  
2a. Mailing Address

21. Suite, Apt. #, etc.  
26. Suite, Apt. #, etc.

22. City & State  
27. City & State

23. Zip  
28. Zip

24. Country  
29. Country

9. Name and Address of Current Registered Agent

UGO V. CHIARATO, C.P.A.  
220 71ST STREET - SUITE 213  
MIAMI BEACH, FL 33141

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box)  
83. City  
84. Zip Code

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 *Ugo Chiarato*

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

7.1 TITLE  
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7.3 STREET ADDRESS  
7.4 CITY-ST-ZIP

8.1 TITLE  
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8.3 STREET ADDRESS  
8.4 CITY-ST-ZIP

9.1 TITLE  
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9.3 STREET ADDRESS  
9.4 CITY-ST-ZIP

10.1 TITLE  
10.2 NAME  
10.3 STREET ADDRESS  
10.4 CITY-ST-ZIP

11.1 TITLE  
11.2 NAME  
11.3 STREET ADDRESS  
11.4 CITY-ST-ZIP

12.1 TITLE  
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12.3 STREET ADDRESS  
12.4 CITY-ST-ZIP

13.1 TITLE  
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13.3 STREET ADDRESS  
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14.1 TITLE  
14.2 NAME  
14.3 STREET ADDRESS  
14.4 CITY-ST-ZIP

15.1 TITLE  
15.2 NAME  
15.3 STREET ADDRESS  
15.4 CITY-ST-ZIP

16.1 TITLE  
16.2 NAME  
16.3 STREET ADDRESS  
16.4 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: *Simone Marsiglia* DATE: MARCH 15, 1999