

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000026253

CANAIMA TRADING, INC.

Principal Place of Business
Fillicipal Flace of Eddinos

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90103 008 ***150.00



Principal Place	of Business	Mailing Address						
2588 SW 27TH	AVENUE	2588 SW 27TH AVENUE						
MIAMI FL 33133		MIAMI FL 33133			DO NOT	WRITE IN THIS SP	ACE	
					3. Date Incorporated or Qualifed			
					** ** **	illed		ĺ
					03/20/1998 4. FEI Number		- - - - -	plied For
2. Principal Pl	lace of Business	2a. Mailing Address	_				·	t Applicable
21		26			65-088178	5		Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desire	ed 🗆 '	, Fee Re	
22		27				 		
City & State		City & State			6. Election Campaign Finance	cing _	\$5.00 Added	
23		28			Trust Fund Contribution			io Fees
Zip	Country	Zip Country		8. This corporation owes the	current year Intand	jible LYes	□No	
24	25 29 30		<u>) </u>		Personal Property Tax.		<u>-</u>	
	9. Name and Address of Current	Registered Agent	81	Maria	10. Name and Address of N	ew Registered Ag	eiir	
	DIOLET' DUDDY D		81	Name				
	RIGUEZ, RUDDY R		82	Street Ad	Idress (P.O. Box Number is Not Ac	ceptable)		
	S SW 27TH AVENUE			<u> </u>				
MAIM	MI FL 33133		83					Į
	± 2"		84	City			85 Zip	Code
	-		84	City		FL	2.5	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the abov	e-named co	orporation submits this statement for	r the purpose of ch	anging its	registered
office or r	existered agent or both in the State o	nt Fiorida. Such change was autr	ionzea by	the corpora	ation's board of directors. I hereby	accept the appointn	nent as re	egistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0303, Florida	a Statutes	5 .				
SIGNATURE	Signature, typed or printed name of registered agent	and title if amilicable (NOTF: Re	mistered Age	nt signature regu	uired when reinstating)	DATE		[
12.	-		13.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTO	DRS IN 12
TITLE	PD	☐ DELETE	1,1 TITLE			<u>"</u>	Change	☐ Addition
	l ' •		1.2 NAME					1
NAME	RODRIGUEZ, RUDDY R			TADDRESS				Į.
STREET ADORESS	11351 N.W. 64TH TERRACE			1				ļ
CITY-ST-ZIP	MIAMI FL 33178	DELETE	1.4 CITY-S	51-219		· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE	SVD	C) DECEIE	2.1 TITLE		•			
NAME	PISANI, RODOLFO A		2.2 NAME		•			
STREET ADDRESS	11351 N.W. 64TH TERRACE		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI_FL_33178	·	2.4 CITY-	ST-ZIP			7.01	
TITLE		☐ DELETE	3.1 TTLE	1			-1 Change	Addition
NAME			3.2 NAME	J				J
STREET ADDRESS			3.3 STREE	T ADDRESS				ļ
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		-]] Change	☐ Addition
NAME	,		4. 2 NAME	.				Ì
STREET ADDRESS			4.3 STREE	T ADDRESS				
			4.4 CITY-5					Į
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	31-20			Change	☐ Addition
	· · · · · · · · · · · · · · · · · · ·		5.2 NAME			_	-	_
NAME	The state of the s			TADORESS				-
STREET ADDRESS			5.4 CITY-5					
CITY-ST-ZIP		O Delete	6.1 TITLE	31-ZIP			Change	☐ Addition
TITLE		☐ DELETE	l .			L		
NAME	J		6.2 NAME	J				}
STREET ADDRESS			6.3 STREE	T ADDRESS				·

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 fustee 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 one an attachment with an address, with all other like empowered.