| COF ANNI | PROFIT RPORATION JAL REPORT 1999 | | FLORIDA DEPARTMENT OF STATI Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | | FILED | | |
|--|--|---|---|--------------------------------|---|--|---|-----------------------|
| DOCUMENT # P9800052309 | | | | | - 99 LUL -2 AM 10: 05 SECRETARY OF STATE TALLAHASSEE FLORIDA | | | |
| SPYROS TRADING INC 8034 WILDES RD STE 139 CORAL SPONGS FL 33067 Principal Place of Business | | | | | | | | |
| , morpor rido | 0 C | | | | | | | |
| | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualified (X2:-11-1998) | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | \$\$ i.' | ed For |
| 26 Suite, Apt. #, etc. Suite, Apt. #, etc | | | | | | 5 Continued of Status Desired | \$8.75 Add | pplicable litional |
| 2 27 City & State City & State | | | | | | 5. Certificate of Status Desired | Fee Requi | |
| 23 | ty & State City & State | | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 Ma Added to F | |
| Zip | Countr 25 | y Z | ip [- | Country 30 | | This corporation owes the current yea Personal Property Tax. | r Intangible []Yes 😽 | r tNo |
| 24 | | ess of Current Register | | | | 10. Name and Address of New Register | | |
| • | FERNANDO | Robbes | | 81 | Name | | | |
| • | 8034 WILE | - lond | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | 25255 | 3 |
| 4 | 4004 60 | 17 may 5 | 2200 17 | 83 | | -07/07/99 ****150 | 010630 00 4***15 | 106 10.00 |
| 1 | Children 20 | 121002 11 | - 3500/ | 84 | City | | 85 Zip Cod | |
| 11. Pursuant | to the provisions of Sec | tions 607.0502 and 607 | .1508, Florida Statutes | s the above | named corporation | oration submits this statement for the purpose o's board of directors. I hereby accept the ap | of changing its reg | gistered lered |
| agent. I a | m familiar with and acc | ept the obligations of, S | ection 607.0505, Florid | da Statutes | · | are bound or directors. Prioroby account the dy | pomenon do region | |
| SIGNATURE | Strinature, typed will technami | e of registered agent and title if ap | | | t signature required | | | a |
| 12. | | OFFICERS AND DIRECT | ORS DELETE | 13. | | ADDITIONS/CHANGES TO OFFICERS | | IN 12 CH |
| NAME | | TIESTRETA DI COOL | | 1.2 NAME | | | | 34 |
| STREET ADDRESS | 8034 Wiles 18 | | 1.3 STREET ADDRESS | | | | ŽĘ | |
| CITY-ST-ZIP TITLE | COME SIDMAS IT 3300/ | | 1.4 CITY-ST-ZIP 2.1 TITLE | | | [] Change | Addition C | |
| NAME | MICHA A Q AO | | 2 2 NAME | | | | | |
| STREET ADDRESS | 8034 WILE | S Ped C 33 | ου. σ | 23 STREET | | | | |
| CITY-ST-ZIP TITLE | CORAL SON | ngs rc 231 | DELETE | 2.4 CITY-S 3 1 TITLE | 1-ZIP | | [] Criange | [] Addition |
| NAME | | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | | 3.3 STREET | | | | |
| CITY-ST-ZIP TITLE | | | ☐ DELETE | 4.1 TITLE | 1.20 | | [] Change [| [] Addition |
| NAME | | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | | 4.3 STREET 4.4 CITY-ST | | | | |
| CITY-ST-ZIP TITLE | | | [] DELETE | 5 1 TITLE | | | ☐ Criange [| Addition |
| NAME | | | | 5 2 NAME | *POPEGG | | | |
| STREET ADDRESS | | | | 53 STREET 54 CITY-ST | | | | |
| CITY-ST-ZIP TITLE | | | ☐ DELETE | 61 TITLE | | | Change [|] Addition |
| NAME | | | | 62 NAME 63 STREET | ADORESE | | | |
| STREET ADDRESS CITY-ST-ZIP | \ | \ \ | | 64 CITY-ST | | / | \mathcal{A}_{I} | |
| | pertify that the information this annual report or | g supplied with this filing | does not qualify for t | he exempti | on stated in S my signature | ection 119.07(3)(i), Florida Statutes. I further shall have the same legal effect as if made i | pertify that the infor inder oath, that I an | rmation n an |
| officer or Block 12 | director of the corporation Block 13 if changed. | on or the eleger or trus or on an absolment with | tee empowered to exe an address, with all of | ecute this re other like er | port as requir | ection 119.07(3)(i), Fibrida Statutes, Fibringer shall have the same legal effect as if made it ed by Chapter 607, Florida Statutes; and the | at my name appears | s in |
| _ | 2 , | / X / | | | | - 41 1 1000 10 a | ハラオ/ オル | AC . |
| SIGNAT | HDE. | | | | | ON 21 1999 1959 | 1 1346° 401 | (S |

PEDRO E. SORIA

D/B/A Notary Public & Accountant

600 W. Hallandale Bch. Blvd. # 6 Hallandale FI 33009 U.S.A. PH/ (954) 455.0701-FAX (954) 455.0786 psoria@assoc-business.com

05/31/1999

FLORIDA DEPARTMENT OS STATE Division of Corporation P.O. BOX 6327 Tallabassee FL 32314

ATTN: Ms. LARIA POOLE

REF: SPYROS TRADING INC.

F.E.I. N. 65-0841790

DEAR Ms. POOLE

ENCLOSE YOU WILL FIND THE FORM AND THE CHECK # 0135 FOR THE AMOUNT OF \$ 150.00.

MY CLIENT GIVE THE INSTRUCTION TO SEND THE FORM AND THE CHECK DIRECTLY TO YOU, BECAUSE YOU KNOW THE PROBLEM OF THE WRONG NAME WAS SHOWING IN THIS CORPORATION FROM THE BEGENING, REGARDING OF THE DIRECTORS AND F.E.I.N.

PLEASE CALL ME IF YOU HAVE ANY QUESTION.

THANK YOU FOR YOUR PROMPT ATTENTION FOR THIS MATTER.

SINCERELY.

Фedro E. Soria

N.P. & A.

P. 1295 Hallandale-71. 33008-1295 99 JUL - 2 AM IO: 05
SECRETARY OF STATE
ANALYSISE FROM