

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
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90090 026 ***150.00

DOCUMENT # P98000061773

1. Corporation Name
UPRIGHT TRADING, CORP.

Principal Place of Business
777 N.E. 62ND STREET SUITE C-406
MIAMI FL 33138

Mailing Address
777 N.E. 62ND STREET SUITE C-406
MIAMI FL 33138



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 680 NE 64TH STREET
Suite, Apt. #, etc.
22 # A-500
City & State
23 MIAMI, FLORIDA
Zip
24 33138 Country
25 USA

2a. Mailing Address
26 680 NE 64TH STREET
Suite, Apt. #, etc.
27 # A-500
City & State
28 MIAMI, FLORIDA
Zip
29 33138 Country
30 USA

3. Date Incorporated or Qualified
07/03/1998

4. FEI Number
65-0850059 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

9. Name and Address of Current Registered Agent
CONTRUCCI, FABIO R
777 N.E. 62ND STREET SUITE C-406
MIAMI FL 33138

10. Name and Address of New Registered Agent
81 Name
CONTRUCCI, FABIO R.
82 Street Address (P.O. Box Number is Not Acceptable)
680 NE 64TH STREET # A-500
83
84 City MIAMI FL 85 Zip Code
33138

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 DATE
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | PT <input type="checkbox"/> DELETE | 1.1 TITLE | PT <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CONTRUCCI, FABIO R | 1.2 NAME | CONTRUCCI, FABIO R. |
| STREET ADDRESS | 777 N.E. 62ND STREET SUITE C-406 | 1.3 STREET ADDRESS | 680 NE 64TH STREET # A-500 |
| CITY-ST-ZIP | MIAMI FL 33138 | 1.4 CITY-ST-ZIP | MIAMI FL 33138 |
| TITLE | VS <input type="checkbox"/> DELETE | 2.1 TITLE | VS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CONTRUCCI, ANGELA C | 2.2 NAME | CONTRUCCI, ANGELA C |
| STREET ADDRESS | 777 N.E. 62ND STREET SUITE C-406 | 2.3 STREET ADDRESS | 680 NE 64TH STREET # A-500 |
| CITY-ST-ZIP | MIAMI FL 33138 | 2.4 CITY-ST-ZIP | MIAMI FL 33138 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0202894

CR2E034 (11/98)