

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 # **P98000080066**

1. Corporation Name  
**T.S.C. TRADING CORP.**

Principal Place of Business  
**7760 WEST 20TH AVE  
#10  
HIALEAH FL 33016**

Mailing Address  
**7760 WEST 20TH AVE  
#10  
HIALEAH FL 33016**

FILED  
99 JUN 14 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23. Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28. Zip

Country

29

9. Name and Address of Current Registered Agent

**CAMEJO, LUIS F  
4898 N.W. 7TH STREET  
MIAMI FL 33126**

3. Date Incorporated or Qualified

**09/16/1998**

4. FEI Number

**65-0863295**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fees 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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D MURTADHA, WANDA**  
STREET ADDRESS **7401 N.W. 85TH ST APT 206**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ DELETE

NAME **D SUAREZ, SERGIO**  
STREET ADDRESS **4111 N.W. 37TH AVE**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **D MURTADHA, ALAA**  
STREET ADDRESS **7401 NW 85 ST APT 206**  
CITY-ST-ZIP **TAMARAC, FL 33321**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**600002918556--2**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**08/29/99-01054-008**  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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)(j), 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