PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000080540 1. Corporation Name

FJR TRADING, CORP.

Principal Place of Business

Mailing Address

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90003 015 ***150.00



1065 N.W. 128TF	I PLACE	1065 N.W. 128TH PLACE								
MIAMI FL 33182		MIAMI FL 33182			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed				
	<u> </u>		-			09/17/1998				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For	
21		26				1 65-0863778		No	t Applicable	
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.				- Cariforn of Status Desired		\$8.75 A	Additional	
22		27	27			5. Certificate of Status Desired	<u> </u>	Fee Re	quired	
City & State	l	City & State	City & State			6. Election Campaign Financing	П	\$5.00	May Be	
23		28				Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zip	, -			 This corporation owes the curr 			_	
24	25	29	30			Personal Property Tax. Yes No				
	9. Name and Address of Currer	nt Registered Agent		- 4		10. Name and Address of New F	legistered A	gent		
DIOC	LEODOLDO I		18	B1	Name					
	LEOPOLDO J		82 Street			Address (P.O. Box Number is Not Acceptable)				
	WEST 49TH ST.									
SUITE			8	83						
HIALE	EAH FL 33012		8	84	City			85 Zip C	ode	
				ľ	•		<u>FL</u>			
11, Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the abo	OVE-I	named corp	oration submits this statement for the	purpose of ch	nanging its ment as rec	registered pistered	
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, 1 am familiar with and accept higher providing the purpose of changing its registered agent. I am familiar with and accept higher providing the purpose of changing its registered agent. I am familiar with and accept higher providing the purpose of changing its registered agent. I am familiar with and accept higher providing the purpose of changing its registered agent. I am familiar with a different purpose of changing its registered agent. I am familiar with a different purpose of changing its registered agent. I am familiar with a different purpose of changing its registered agent. I am familiar with a different purpose of changing its registered agent. I am familiar with a different purpose of changing its registered agent. I am familiar with a different purpose of changing its registered agent. I am familiar with a different purpose of changing its registered agent. I am familiar with a different purpose of changing its registered agent. I am familiar with a different purpose of changing its registered agent. I am familiar with a different purpose of changing its registered agent. I am familiar with a different purpose of changing its registered agent. I am familiar with a different purpose of changing its registered agent. I am familiar with a different purpose of changing its registered agent. I am familiar with a different purpose of changing its registered agent. I am familiar with a different purpose of changing its registered agent. I am familiar with a different purpose of changing its registered agent. I am familiar with a different purpose of changing its registered agent. I am familiar with a different purpose of changing its registered agent.										
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			-	gent s	signature require	d when reinstating)	DATE	·		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE					Change	L. Addition	
NAME	RANGEL, FELIPE		1.2 NAM						1	
STREET ADDRESS	1065 N.W. 128TH PLACE		l		VDDRESS				į	
CITY-ST-ZIP	MIAMI FL 33182	□ DELETE		4 CITY-ST-ZIP				Change	Addition	
TITLE				2.1 TITLE				[_] Onlange		
NAME			2.2 NAM						1	
STREET ADDRESS					NDDRESS					
CITY-ST-ZIP		D DELETE	2. 4 CITY		-ZIP			☐ Change	Addition	
TITLE		☐ DELETE	3.1 TITLE						L Addition	
NAME			3.2 NAM						}	
STREET ADDRESS					ADDRESS .				ĺ	
CITY-ST-ZIP			3.4. CITY		ZIP			Change	Addition	
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NAME			4. 2 NAN							
STREET ADDRESS					NDDRESS					
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NAME					ADDRESS					
STREET ADDRESS					ADDRESS					
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TITLE .	•	☐ DELETÉ						∟) ⇔llatige	C Addition	
NAME			6.2 NAM						{	
STREET ADDRESS			6.3 STR	EETA	ADDRESS				J	

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:

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