

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
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90001 021 ***550.00

DOCUMENT # P98000081510

1. Corporation Name
AMERITECH TRADING, CORP.

Principal Place of Business

8620 N.W. 64TH STREET
BAY 11
MIAMI FL 33166

Mailing Address

8620 N.W. 64TH STREET
BAY 11
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1998

4. FEI Number

65-0884362

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee 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

2. Principal Place of Business

21 8600 N.W. 64th Street

Suite, Apt. #, etc.

22 BAY 4

City & State

23 MIAMI - Florida

Zip

24 33166

Country

25 DADE

2a. Mailing Address

26 8600 NW 64th Street

Suite, Apt. #, etc.

27 BAY 4

City & State

28 MIAMI - Florida

Zip

29 33166

Country

30 DADE

9. Name and Address of Current Registered Agent

GRINKE, KARINE M
8620 N.W. 64TH STREET
BAY 11
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name CARLOS HUMBERTO MORENO

82 Street Address (P.O. Box Number is Not Acceptable)
8600 NW 64th Street

83 BAY 4

84 City MIAMI

FL

85 Zip Code

33166

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]

CARLOS HUMBERTO MORENO

8/18/99

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 PTD ☒ DELETE

NAME GRINKE, KARINE M
STREET ADDRESS 8620 N.W. 64TH STREET
CITY-ST-ZIP MIAMI FL 33166

TITLE VPSD ☐ DELETE

NAME HUMBERTO MORENO, CARLOS
STREET ADDRESS 8620 N.W. 64TH STREET
CITY-ST-ZIP MIAMI FL 33166

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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)(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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-99

Date

305-639-9922

Daytime Phone #

CR2E034 (1/98)

0239330