PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000090274

1. Corporation Name

AMERICAN TRADING ENTERPRISES, INC.

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90160 015 ***150.00



| Principal Place of Business Mailing Address | | | | | | t (Amilant 19m iffin) (Atst mittet Abert anzus zuert: | S CENTAL MARINE ICENTAL | BEN BIBL 1881 |
|--|---|--|---------------------------------------|------------------------|------------------|--|-------------------------|---------------|
| 7225 NW 25TH ST. STE 319 MIAMI FL 33166 | | 7225 NW 25TH ST. STE 319 MIAMI FL 33166 | | DO NOT WRITE IN THE | S SPACE | | | |
| | | | | | | 3. Date Incorporated or Qualifed | | |
| | , | | | | | 10/22/1998 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | | ≰ Apr | olied For |
| | | | | | | 4. FEI Number 52 - 2126160 | No! | Applicable |
| 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. # Suite, A | | | r' | | | | \$8.75 A | dditional |
| 22 27 | | | | | | 5. Certifcate of Status Desired | Fee Re | |
| City & State City & State | | | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | Added to | o Fees |
| Zip | Country | Zip | Country | / | | 8. This corporation owes the current year In | ntangible | |
| 24 | 25 | 29 30 | | | _ | Personal Property Tax. | Yes | ŮNo |
| | 9. Name and Address of Curren | t Registered Agent | | | | 10. Name and Address of New Registered | | |
| | · · · · · · · · · · · · · · · · · · · | | 81 | Na | ame | the state of the s | - 원 기선 : | |
| | e, Baldwing Paez | | 82 | St | reet Addres | ss (P.O. Box Number is Not Acceptable) | 1: | |
| 7225 NW 25TH ST, STE 319 | | | - | " | | ्रिक्ति । स्टब्स्ट क्रिक्ट क्र | | |
| | II FL 33166 | 1 × 5 | 83 | | | | | ļ |
| | | • | 84 |) C: | <u> </u> | | 85 Zip C | Code |
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| 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. It is statement for the purpose of changing its registered agent. It am familiar with, and except the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature proof or Period or Perio | | | | | | | | |
| | Signature, typed or prioted name of registered ager | ID DIRECTORS | 13. | in sign | ature requires • | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTO | RS IN 12 |
| TITLE | D OFFICERS AN | DELETE | 1,1 TITLE | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ☐ Change | ☐ Addition |
| | SIMANCAS, EDGARDO PAEZ | | 1.2 NAME | | | | | |
| NAME | | | | T ANN | RESS | | | |
| STREET ADDRESS | 7220 1111 20111 01, 012 010 | | 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | l l | | - | |
| CITY-ST-ZiP | E DELETE ALC | | 2.1 TITLE | J1-23F | | | Change | ☐ Addition |
| TITLE | U, . | | 2.2 NAME | | | <u>. </u> | | |
| NAME | TALLE, DALDTING TALL | | 2.3 STREE | | RESS | | - : | - |
| STREET ADORESS | MIAMI FL 33166 | | 2.4 CITY-5 | | 1 | | | |
| CITY-ST-ZIP TITLE | MIAMI FL 33 100 | · 🔀 DELETE | 3.1 TITLE | 01 21 | | | Change | ☐ Addition |
| | , | _ | 3.2 NAME | | 1 | | | |
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| CITY-ST-ZIP TITLE | | □ DELETE | 4.1 TITLE | <i>D</i> 1 <i>Z</i> 11 | | | ☐ Change | Addition |
| NAME | • | | 4.2 NAME | | | | | |
| 1 | | | 4.3 STREE | | RESS | | |] |
| STREET ADDRESS | | | 4.4 CITY-S | | | | | |
| CITY-ST-ZIP | | | 5.1 TITLE | - 1 AIT | | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | . • | | |
| STREET ADDRESS | | | 5.3 STREE | T ADD | RESS | | | |
| | • ' | | 5.4 CITY- S | | 4 | • | | } |
| CITY-ST-ZIP TITLE | | DELETE | 6.1 TITLE | | | | ☐ Change | Addition |
| | | _ | 6.2 NAME | | | | | |
| NAME OTDEST + DODGEOG | | | 6.3 STREE | | RESS | | | |
| STREET ADDRESS | - | · | 6.4 CITY-S | | | | | l |

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 of 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 cerporation 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, profit at attractment with an address, with all other like empowered.

SIGNATURE:

REQUIRED SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR