1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000090695**1. Corporation Name

A & R TRADING CORPORATION

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90149 037 ***150.00



		•						
Principal Place of Business Mailing Address								
8020 S.W. 34TH				.W. 34TH STREET				
MIAMI FL 33155 MIAMI FL 33155								DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualifed
								10/23/1998
2. Principal Place of Business 2a. Mailing Address 21 26								4. FEI Number 65-0877953 Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27								5. Certifcate of Status Desired Serviced Fee Required
City & Stat	City & State			· •·	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip		Country	28 Zir		Co	untry		8. This corporation owes the current year Intangible
24	25]	29		30	-		Personal Property Tax.
		d Address of Cu		ed Agent	1441	Τ.		10. Name and Address of New Registered Agent
·	<u> </u>			¥.		81	Name	
GAR	ICIA, RUBEN							(20 D) 1 1 1 1 1 1 1 1 1
8020 S.W. 34TH STREET MIAMI FL 33155						82	Street Ac	Address (P.O. Box Number is Not Acceptable)
IAITAL	WII FE 33 133					83		
						84	City	FL 85 Zip Code
44 - Dominion 1	As the servicion	a of Costiana 607	0502 and 607 1	IEOO Elorida Stati	itos the	a bove	a-named co	corporation submits this statement for the purpose of changing its registered
office or r	registered agent	, or both, in the St	ate of Florida, S	Such change was ction 607.0505, Fl	authorize	d by	the corpora	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE								
SIGNATORE	Signature, typed or p	rinted name of registered	agent and title if app	icable. (NOT	E: Registere	d Ågen	t signature requ	quired when reinstating) DATE
12.		OFFICERS	AND DIRECT		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			☐ DELETE	1.1	ITLE		Change Addition
NAME .	GARCIA, RU	iben			1.2 1	NAME		
STREET ADDRESS	8020 S.W. 3	4TH STREET			1.3 3	STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33	3155			1.4	CITY-S	T- ZIP	
TITLE	D			DELETE	2.1	TITLE	ĺ	☐ Change ☐ Addition
NAME	HIJAZI, ALI				2.21	AME		
STREET ADDRESS	8020 S.W. 3	4TH STREET			2.3	TREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33	3155			2.4	CITY-S	T-ZIP	
TITLE				☐ DELETE	3.1	ΠLE		☐ Change ☐ Addition
NAME					3.2	VAME		
STREET ADDRESS					3.3	STREET	ADDRESS	·
CITY-ST-ZIP					3.4.	CITY-S	T-ZIP	
TITLE				☐ DELETE	4.1	IITLE		☐ Change ☐ Addition
NAME					4. 2	NAME		
STREET ADDRESS					4.3	STREET	TADORESS	
CITY-ST-ZIP					4.4	CITY-S	T-ZIP	
TITLE	1			☐ DELETE		ITTLE	1	☐ Change ☐ Addition
NAME					5.2	NAME		
STREET ADORESS					5.3	STREET	ADDRESS	
CITY-ST-ZIP	! ,				5.4	CITY-S	r-zip	
TITLE	1,			☐ DELETE	6.1	ITLE		☐ Change ☐ Addition
NAME					6.2	AME		
STREET ADDRESS					6.3	STREET	ADDRESS	
CINELI ADONESO	1				•		Ţ	

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: