FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00.

PROFIT CORPORATION ANNUAL REPORT



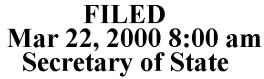
FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

1999 2000

DIVISION OF CORPORATIONS

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DOCUMENT 1. Corporation Name	# 000000	100	フヘビム
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 Corporation Name 			400

FLORIDA COMMODITY TRADING INC		
Hrinoipal Place of Business	Mailing Address	
11745 S.W. 81 RD	11745 CW 01 DD	



03-22-2000 90031 018 ***150.00

		:,	and a street		
Principal Plac	ce of Business	Mailing Address		t coenious ing saint faire actif actif ansit co	ING HOUSE COREIN BOLDE GYTED STILL COREI
11745 S.W. 81 RD. MIAMI FL 33156		11745 S.W. 61 RD. MIAMI FL 33156		DO NOT WRITE IN TH	IS SPACE
		-	·	Date Incorporated or Qualified 11/18/1998	
1	Place of Business	2a, Mailing Address		4. FEI Number	Applied For Not Applicable
Suite, Apt		Suite, Apt. #, et		5. Certificate of Status Desired:	\$8.75 Additional Fee Required
Dity & Sta		City & State		6. Election Campaign Financing. Trust Fund Contribution	\$5.00 May Be Added to Foes
Zip 4	Country 25	Zip 29	Country 30	This corporation owes the current year is Personal Property Tax.	ntangible ☐ Yes ☐ No
	9. Name and Address of Cur	rrent Registered Agent	11 m	10. Name and Address of New Registere	d Agent
417 STE	TIAL CONNECTION, INC. E. VIRGINIA ST. . 1 LAHASSEE FL 32301		83	iress (P.O. Box Number is Not Acceptable)	
2. Bursuant	to the provisions of Partiens CO7) 	84 City	FI	L 85 Zip Code
office or a signature		* †	Statutes, the above-named corporations suithorized by the corporation of the corporation	poration submits this statement for the purpose coon's board of directors. I hereby accept the appo	of changing its registered sintment as registered
· - · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered		(NOTE: Registered Agent signature require	ed when reinstating) DATE	
12. Tu		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
:=ME :=ME :TREET ADDRESS :Tr+ST-ZIP	D Urrutia, ana 11745 S.W. 81 Rd. Miami Fl. 33156	☐ DETE.	1.2 NAME 1.3 STREET ADDRESS		☐ Change ☐ Addition
7.8		O DELET	1.4 CITY-ST-ZIP E 2.1 TITLE		☐ Change ☐ Addition

2.1 STREET ADDRESS

2.4 CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS SA. CITY-81-ZIP

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STITLE "

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61 TITLE

62 NAME

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64 CITY-ST-ZZP 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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