2000 UNIFORM BUSINESS REPORT (UBR) FILED

DOCUMENT # P98000102860 H.G. TRADING CIA, INC.							Mar 24, 2000 8:00 am Secretary of State 03-24-2000 90110 009 ***150.00					
Principal Place of Business Mailing Address												
6633 N.E. 167TH STREET STE. 701 N. MIAMI BEACH FL 33162			%633 N.E. 167TH STREET STE. 701 N. MIAMI BEACH FL 33162			}						
2. Principal Place of Business 1424 NW 82ND AVE.			3. Mailing Address 1424 NW 82ND AVE.									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			}		DO NOT W	RITE IN THIS	SPACE		
City & State MIAMI, FL			City & State MIAMI, FL			- 4	4. FEI Number Applied For Not Applicable					
^{Zip} 33126		Country USA	^{Zip} 33126	Coun 331	.26		5. Certi	ficate of Status Desired	-	\$8.75 Add Fee Required		
	6. Name	and Address of Current R	egisterød Agent					e and Address of Nev	v Registered	Agent		
							OR E. GALEANO					
PAVLOV, WILLIAM M			S			Address (PA) Box Number is Not Acceptable)						
%633 N.E. 167TH STREET STE. 701 N. MIAMI BEACH FL 33162					1424 NW OZND AVE.							
• • • • • • • • • • • • • • • • • • • •					CIYLA				FI	- 33126		
SIGNATURE . 9. This corporate filing r	Signature types	or printed there of registered agent and the to satisfy its Intangible and elects to do so.		Registere	d Agent signat IS \$150. will be \$9	ture required who	en reinstat	- <u>-</u>	DATE		O May Be	
11.		OFFICERS AND D	IRECTORS	12.			ADDIT	IONS/CHANGES TO C	FFICERS AN	D DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	%633 N.E), HECTOR I. 167TH STREET STE. I BEACH FL 33162	□ Delete 701			1424 MIAMI	NW 8 , FL	2nd AVE. 33126		Change	☐ Addition	
TITLE Name Street address City-St-Zip	V GARZON, %633 N.E N. MIAMI			1424 MIAMI		2np AVE. 33126		E Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	142 1714 1711	55 617, 1 56, 62	☐ Delete				7			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY- ST-ZIP			☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - 719			☐ Delete							☐ Change	☐ Addition	

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is the 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SHAND THE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date