

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90071 018 ***158.75

DOCUMENT # P99000008219

1. Entity Name
C. W. TRADING COMPANY

Principal Place of Business
9300 S. DIXIE HWY
SUIE 108
MIAMI FL 33156
Mailing Address
2121 PONCE DE LEON BLVD.
SUIE 240
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7311 NW 12 STREET

3. Mailing Address
Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
#28
MIAMI, FL.

4. FEI Number 74-2919901
Applied For
Not Applicable

Zip Country
33126

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, FRANCISCO J
2121 PONCE DE LEON BLVD.
SUIE 240
CORAL GABLES FL 33134

Name
GABRIEL PRATS
Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON Blvd.
Suite #240
City
CORAL GABLES FL Zip Code
33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [Signature] DATE 01/11/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Table with 2 columns: OFFICERS AND DIRECTORS. Rows include DE OLIVEIRA NETO, ALFREDO G and PESSOA CAMPOS, ADRIANA M.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include DE OLIVEIRA NETO, ALFREDO G and PESSOA CAMPOS, ADRIANA M.

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with an officer or trustee empowered.

SIGNATURE: [Signature] DATE 1/15/2001 Daytime Phone # (305) 4689449

CR2E034 (10/00)