200	1 UNIFORM BUS	INESS REPO	RT (	UBR)					
	JMENT # P9900010558	APPROVED -							
1. Entity Na	ime .	AND.							
A & !	r trade & marketing co	FILEO							
D: : 10:		<u> </u>		· · · · · · · · ·	nı	DEC 21 1	M 2:	55	
Principal Place of Business Mailing Address									
4324 North Ocean Drive				ive	SECRETARY OF STATE				
*Lauderdale by the Sea, FL Lauderdale by				Sea, FL	TALLAHASSEE, FLORIDA				
33308				3308					
Principal Place of Business     3. Ma		3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			90	DO NOT WRI	TE IN THIS	SPACE	
City & Sta	ate .	City & State	State		4. FEI Number.			T	Applied For
Zip	Country	Zip			65-096540	13			Not Applicable
. L.p	Country	, zip	Country		5. Certificate of	Status Desired		\$8.75 A Fee Requir	
	6. Name and Address of Current	Registered Agent			7. Name and Ac	dress of New R	egistered	Agent	
	SPIEGEL & UTRERA, I	P.A.		Name SPI	EGEL & UTR	ERA, P.A.			
343 Almeria Avenue			s	Street Address (P.O. Box Number is Not Acceptable)					
Coral Gables, Florida 33134				1840 Southwest 22 Street					
			-	4th Floor			.de		
9. The should	<u> </u>			Mia			FL	Zip Co 331	<u>45</u>
b. The above	named entity submits this statement for Spiegel & Utrera,	the purpose of changing its r	egistered o	office or registere	ed agent, or both, in	n the State of Flo	rida. /	1	
SIGNATURE BY: MATCHES OF 12/20/01									
· · · · · · · · · · · · · · · · · · ·	Natalia Utrera, Vice	President (NOTE:	Registered Age	ent signature required v	when reinstating)		DATE		
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)    See Criteria on back     See Criteria on back   See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back   See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back     See Criteria on back								00 May Be ed to Fees	
11.	OFFICERS AND (	DIRECTORS	12.		ADDITIONS/CH	ANGES TO OFF	CERS AN	D DIRECTOR	RS IN 11
TITLE NAME	PD Ghobrial, Anton	☐ Delete	TITLE					Change	☐ Addition
STREET ADDRESS	4324 North Ocean Driv	ve, Unit #1	STREET AD	DDRESS		00047	433	34n-	4
CITY-ST-ZIP	Lauderdale by the Sea	, FL 33308	CITY-ST-Z	ZIP		12/31/0	)101	0050	10
TITLE NAME	VD  Fahmev, Terek	☐ Delete	TITLE			<b>非非常来[1][</b>	.00	* Charige	J. El-Addition
STREET ADDRESS	4324 North Ocean Driv	ve, Unit #1	NAME Street adi	DRESS		•			
CITY-ST-ZIP	Lauderdale, by the Sea	i, FL^33308	CITY-ST-Z	ZIP					
TITLE	STD Nadam A	☐ Delete	TITLE					. Change	Addition
NAME STREET ADDRESS	Ghobrial, Nader A. ADDRESS 4324 North Ocean Drive, Unit #1		NAME STREET ADD	nress					
CITY-ST-ZIP			CITY-ST-ZI						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADD	nocee					
CITY-ST-ZIP			CITY-ST-ZI	i i			,		
TITLE		Delete	TITLÈ					☐ Change	Addition .
NAME *** STREET ADDRESS			NAME CTREET 400	nacce					
CITY-ST-ZIP			STREET ADD			-	•		i
TITLE		- Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME STREET ADD	nacec					
CITY-ST-ZIP			STREET ADD			<i>;</i>			

13. 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 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 all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTER NAME

1. <u>Globrial Anton</u> is a Director of A & TTRADE & MARKETING CORP., a Florida Corporation, (hereinafter "Corporation").

STATE OF FLORIDA

COUNTY OF BROWARD

2. Septen	That th	the Corporation was administratively dissolved by the Florida Department of State on 2000.					
3. within		te Corporation failed to file its 2000 Annual Report or pay the 2000 Annual Report filing fee prescribed by Florida Statutes Chapter 607 because:					
	3.1	the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,					
	3.2	written notice was never received by the Corporation or its Registered Agent the Florida Department of State was commencing a procedure to inistratively dissolve the Corporation.					
	nt by the	orporation requests the Florida Department of State reinstate the Corporation upon the e Corporation of its 2000 and 2001 Annual Report fees and the filing of its 2000 and 2001 s, which are presented simultaneously with this Affidavit.					
5.	A & T	TRADE & MARKETING CORP. satisfies the requirements of the Florida Statutes 607.0401.					
6.		ther ground or grounds exist for the administrative dissolution of the Corporation.					
Dated:	$\underline{\mathscr{I}_{da}}_{da}$	y of December, 2001					
	FURT	HER, AFFIANT SAYETH NOT					
		A & T TRADE & MARKETING CORP.					
		By: Chin Shabrian, Director FLID as identification					
		FLID as identification					
		sworn and subscribed before me this $\frac{19}{9}$ day of $\frac{1}{2}$ day.					

CYNTHIA A. Mc LEOD

Notary Public. State of Florida Notary Public, State of Florida at Large
My comm. expires April 5, 2004
No. CC920428

Printed Name: YNH, A 4- MCLEOD

ommission Expires: 4-5-02-

(Requestor's Name) 1840 CORAL WAY, 4TH FLOOR MIAMI, FL 33145 (305) 854-6000 (City, State, Zip) (Phone #) (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Certificate of Status Will wait NEW FILINGS **AMENDMENTS** RECEIVED 01 DEC 21 PH 2: 08 DIVISION OF CORPORATION Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

SPIEGEL & UTRERA, P.A.