

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S14466 (4)

1. Corporation Name
MIAMI WORLD TRADING, INC.



Principal Place of Business Mailing Address
9200 S DADELAND BLVD #402 MIAMI FL 33156

2. Principal Place of Business 2a. Mailing Address
21 **780 NW 42 Ave.** 26 **10241 S.W. 87 ST.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 416** 27 **—**
City & State City & State
23 **MIAMI, Florida** 28 **MIAMI, Florida**
Zip Country Zip Country
24 **33126** 25 **DADE** 29 **33173** 30 **DADE**

3. Date Incorporated or Qualified **11/27/1990** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0229485** Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

g. Name and Address of Current Registered Agent

RAMOS, SONIA
9200 S. DADELAND BLVD., #402
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name **SONIA RAMOS**
82 Street Address (P.O. Box Number is Not Acceptable) **10241 SW 87 ST.**
83 **—**
84 City **MIAMI** FL 85 Zip Code **33173**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Sonia Ramos*
Signature, in ink, of printed name of registered agent and title if applicable.

SONIA RAMOS

4/1/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENDY, EFRAIN	
STREET ADDRESS	13461 SW 97 PL	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HENDY, LEON N	
STREET ADDRESS	13461 SW 97 PL	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HENDY, ISAAC	
STREET ADDRESS	13461 SW 97 PL	
CITY - ST - ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HINDY, JOSE	
STREET ADDRESS	13461 SW 97 PL	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Jose Hindy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/96
Date

Daytime Phone #

CR2E034 (12/95)