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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 POCUMENT # \$43140

(0)

A 2 Z INTERNATIONAL TRADING, INC.

Principal Place of Business Mailing Address	
Principal Place of Business Mailing Address	

## **FILED** May 16 1997 8:00am Secretary of State



2920 W AIRPOI SANFORD FL 3		2920 W AIRPORT BLVD SANFORD FL 32771-1606	3						
					3. Date Incorporated or Qualified 04/04/1991	3a. Date of Last Report 05/01/1996		eport	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	.] <u>v +</u> 4.		pplied For	
21		26			65-0258389		No	ot Applicable	
Suite, Apt. 22		Suite, Apt. #, etc. 27	·	·	5. Certificate of Status Desired	×	\$8.75 Fee Re	Additional equired	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	7 p	Country 30	/ 	1	] Yes	No No		
	9. Name and Address of Current	Registered Agent		T Mana	10. Name and Address of New Re	gistered /	Agent		
	JSA, NEMA		81	Name					
	) W AIRPORT BLVD FORD FL 32771		82		fress (P.O. Box Number is Not Acceptab	le)			
			83						
ı			84	City		FL	85 Zip	Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized b	y the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of it the app	changing it ointment as	ts registered registered	
SIGNATURE									
12.	Signature, typed or printed name of registered age: OFFICERS ANE		11: Registered Ag	en; signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECTOR	2S IN 12	
TATLE	VP\$	DELETE	1111116		7,001,1010,001,1110,000		Change	Addition	
NAME	ALÁWADHI, AL		12 NAME				4		
STREET ADDRESS	713 WILLOW CREST ST.			I ADDRESS					
CITY-ST-ZIP	ORANGE CITY FL 32763		14 CITY-	1					
TITLE	PT	DELFTE	21 TITLE				Change	Addition	
NAME	MOUSA, NEMA		2.2 NAM{						
STREET ADDRESS	2400 S. OAK PARK DRIVE		2.3 STRLE	1 ADDRESS					
CITY-ST-ZIP	DELAND FL 32774		2. 4 CITY -	ST-ZIP					
TITLE		☐ DELFTE	3.1 TOLE				Change	☐ Addition	
NAME			3.2-NAME						
STREET ADDRESS			3.3 \$1REF	1 ADDRESS					
CITY-ST-ZIP		DELETE	3.4. Chty-	\$1-ZIP			Change	Addition	
TITLE		☐ DELETE	4.1 TITLE				Change	L Addition	
NAME STORET ADOPERS			4. 2 NAME	T ADDRESS					
STREET ADORESS CITY-ST-ZIP			4.4 CITY-	į					
TITLE		DELETE	5 1 7 ITLE	01-11			Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			5.4 CI1Y -						
TITLE		☐ DECETE	6.1 TITLE	<del></del>			Change	Addition	
NAME			6.2 NAME						
Street address			6.3 STREE	T ADDRESS					
CITY-ST-ZIP			6.4 ICITY -	ST-ZIP					
44					U. O. C. 440 07(0)() Fl. 14 O. 14				

I do 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 trusted 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.

3/20100