SECOND NOT	FICE: CORPORATION WILL BE ON OR BEFORE 09/30/98: \$550 (IF	E DISSOLVED ON OR AFTER S DISSOLVED, MINIMUM AMOUNT DUE TO	SEPTEMBER 30, 1998 D REINSTATE: \$750).	.	
COR ANNU	PROFIT PORATION IAL REPORT	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of State		
	1998 MENT # S6017	(W) (W)			
1. Corporation	MEN! # S6017	'1 (3)			
G & B T	RADING CORPORATION				ndir sedr debri dedik dedir dibre debit bides ibis
Principal Plac	e of Business	Mailing Address			
1100 WEST AVENUE #1202 1100 WEST AVENUE #1202					
PH 1 PH 1 Miami FL 33139 Miami FL 33139				DO NOT WR	ITE IN THIS SPACE
				3. Date Incorporated or Qualified	1
2 Principal P	lace of Business	2a. Mailing Address		06/17/1991 4. FEI Number	Applied For
_ '	SOUTH POINT DR	h 1 _ ~	1 POINT DR.		Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
	5 4.3 206	27 Suite # 3	200		Fee Required
City & Stat	·	City & State	SACH FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has	
4 33/		1551 Turb to 1 Products	DADE	Personal Property Tax due Ju 10. Name and Address of New	A
REDI	9. Name and Address of Cur NARDES, LORENA G.	Lieur Kediszesea Máeur	81 Name	, ,	
1100 WEST AVENUE SUITE 1202			82 Street Add	ess (P.O. Box Number is Not Accept	able)
			300		
MIAN	AI FL 33139		83 50	ine # 3206	
			84 City MI	omi Reace	FL 85 Zip Code
11. Pursuant	to the provisions of sections 607.6	0502 and 607.1508, Florida Statutes,	the phove named cores	ration submits this statement for the r	surpose of changing its registered
office or	renistered agent, or b@h, in the S	tate of Florida. Such change was aut bligations of, section 607,7505, Flori	horized by the corporati	ion's board of directors. I hereby acce	pi the appointment as registered
SIGNATURE	100mm	may Beaut	n	and the second second	July 22 M /91
12.	Signalure, typed or printer name of registered OF FICERS	egors and title it applicable (NOTE AND DIRECTORS	Registered Agent signature req		FICERS AND DIRECTORS IN 12
TITLE	D	[] DELETE	1.1 TITLE		Change Addition
NAME	GONTIJO, ZILDA M.		1.2 NAME		
STREET ADDRESS	1100 WEST AVE #1202		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	BRAZIL D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	BERNARDES, LORENA G.	<u> </u>	2.2 NAME		
STREET ADDRESS	6830 INDIAN CREEK DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	· · · · · · · · · · · · · · · · · · ·	2.4 CITY-ST-ZIP		
TITLE NAME		Ĺ _ DELETE	3.1 TITLE 3.2 NAME		L_ Change L_ Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
FTREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		_ •
STREET ADDRESS			6.3 STREET ADDRESS		
	i		6.4 CITY-ST-ZIP		

14. 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 roport 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.

305-672-6053