

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90019 014 ***150.00

DOCUMENT # S92885

1. Corporation Name
PROAMER TRADING CORPORATION

Principal Place of Business

2150 CORAL WAY
3C
MIAMI FL 33145
US

Mailing Address

2150 CORAL WAY
3C
MIAMI FL 33145
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1991

4. FEI Number

65-0297318

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 1111 BRICKELL BAY DRIVE

Suite, Apt. #, etc.

22 301

City & State

23 MIAMI, FLORIDA

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

Zip

29

Country

30

9. Name and Address of Current Registered Agent

DI GIGLIO, MARTIN S.
2150 CORAL WAY, SUITE 3C
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

DI GIGLIO, MARTIN S.

82 Street Address (P.O. Box Number is Not Acceptable)

1111 BRICKELL BAY DRIVE

83 SUITE 301

84 City

MIAMI

85 State

FL

86 Zip Code

33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DPS
DI GIGLIO, MARTIN S.
STREET ADDRESS
2150 CORAL WAY - SUITE 3C
CITY-ST-ZIP
MIAMI FL

TITLE ☒ DELETE

NAME
VPT
DI GIGLIO, MARIA D.
STREET ADDRESS
2150 CORAL WAY - SUITE 3C
CITY-ST-ZIP
MIAMI FL

TITLE ☒ DELETE

NAME
AS
DI GIGLIO, MARIA D.
STREET ADDRESS
2150 CORAL WAY - SUITE 3C
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME
DPS
DI GIGLIO MARTIN S.
13 STREET ADDRESS
1111 BRICKELL BAY DRIVE - SUITE 301
14 CITY-ST-ZIP
MIAMI, FL 33131

2.1 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99 305-381-6995

CR2E034 (11/98)

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