## 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** 

## Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90091 037 \*\*\*150.00

i. Corporation	MENT # S98310 TRADING CORPORATION				; HARMANA UTO NETON HANDO SINAK MARIN ANAN ANGAN ANGAN ANGAN ANGAN ANGAN ANGAN ANGAN ANGAN ANGAN		
Principal Place of Business 5565 N.W. 74TH AVENUE SUITE 420 MIAMI FL 33166		Mailing Address 5565 N.W. 74TH AVENUE SUITE 420 MIAMI FL 33166			DO NOT WRITE IN THIS SPACE		
US -	ا چېنو <sup>با</sup> پيو سام د پښو	US	. •	•	3. Date Incorporated or Qualifed 12/06/1991		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For		
21		26 Suite And # oto			65-0313641   Not Applicable   \$8.75 Additional		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required		
City & State		City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country		Zip Countr		,	8. This corporation owes the current year Intangible Personal Property Tax.		
24 25 9. Name and Address of Current F			<u>'1</u>		10. Name and Address of New Registered Agent		
	/ALO, MIGUEL BRICKELL AVE., STE. 420		81 82	Name Street A	ddress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33131							
			84	City	FL 85 Zip Code		
office or re agent. I an SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was auth tions of, Section 607.0505, Florida	orized by Statutes	the corpor	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	í	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	9	
TITLE	V ADCIALO LLIEC	☐ DELETE	1.1 TITLE 1.2 NAME		☐ Change ☐ Addition		
STREET ADDRESS	AREVALO, LUIS 5565 N.W. 74TH AVENUE	تحسیم به دید		TADDRESS	الراجيوسي الرائد والمرائد المستوسي المستوسي المستوسي	į	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP		Ì	
TITLE	P	☐ DELETE	2.1 TITLE		Change Addition	`	
NAME	AREVALO, MIGUEL		2.2 NAME				
STREET ADDRESS	5565 N.W. 74TH AVENUE		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-5	ST-ZIP	C Observe Addition		
TITLE		☐ DELETE	3.1 TITLE		Change Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP		pro-q	3.4. CITY-5	ST-ZIP	Characa		
τιτιε		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition ☐		
NAME			4. 2 NAME		,		
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CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME			5.2 NAME		ļ		
STREET ADDRESS				TADDRESS			
COTY OF TIP			5.4 CITY-S	T-ZIP	1		

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.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

Daytime Phone #

☐ Change

☐ Addition