


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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

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



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|---|--|---|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b>  |  |  <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # S98310</b>  |  |   |  |
| 1. Corporation Name<br><b>MICHAEL TRADING CORPORATION, INC.</b>   |  |   |  |
| Principal Place of Business<br><b>5565 N.W. 74TH AVENUE</b><br><b>SUITE 420</b><br><b>MIAMI FL 33166</b><br><b>US</b>   |  | Mailing Address<br><b>5565 N.W. 74TH AVENUE</b><br><b>SUITE 420</b><br><b>MIAMI FL 33166</b><br><b>US</b>   |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29  |  |
| 9. Name and Address of Current Registered Agent<br><b>AREVALO, MIGUEL</b><br><b>1401 BRICKELL AVE., STE. 420</b><br><b>MIAMI FL 33131</b>   |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code   |  |
| 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<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  |  |   |  |
| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>V AREVALO, LUIS</b><br>STREET ADDRESS <b>5565 N.W. 74TH AVENUE</b><br>CITY-ST-ZIP <b>MIAMI FL</b>  |  | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP  |  |
| TITLE <input type="checkbox"/> DELETE<br>NAME <b>P AREVALO, MIGUEL</b><br>STREET ADDRESS <b>5565 N.W. 74TH AVENUE</b><br>CITY-ST-ZIP <b>MIAMI FL</b>  |  | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP  |  |
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SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/99

Date

Daytime Phone #

CR2F034/11/99

0239986