

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
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90007 024 ***158.75

0185910

DOCUMENT # V05732

1. Corporation Name
LIMA TRADING, INC.



Principal Place of Business

~~150 S.E. 2ND AVE.~~
~~SUITE 709~~
~~MIAMI FL 33131~~
US

Mailing Address

~~150 S.E. 2ND AVE.~~
~~SUITE 709~~
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 25 SE 2ND AVE.

Suite, Apt. #, etc.

22 SUITE 305

City & State

23 MIAMI, FL

Zip

24 33131-1509

Country

25 US

2a. Mailing Address

26 25 SE 2ND AVE.

Suite, Apt. #, etc.

27 SUITE 305

City & State

28 MIAMI, FL

Zip

29 33131-1509

Country

30 US

3. Date Incorporated or Qualified

01/10/1992

4. FEI Number

65-0369151

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

LIMA, PAULO ROBERTO
~~150 S.E. 2ND AVE.~~
~~SUITE 709~~
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name LIMA, PAULO R
82 Street Address (P.O. Box Number is Not Acceptable)
25 SE 2ND AVE
83 SUITE 305
84 City MIAMI, FL
85 Zip Code FL 33131-1509

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

PAULO R. LIMA, PRESIDENT

DATE

1/5/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME LIMA, PAULO ROBERTO
STREET ADDRESS ~~150 S.E. 2ND AVE., SUITE 709~~
CITY-ST-ZIP MIAMI FL 33131

TITLE V ☐ DELETE

NAME LIMA, SOLANGE M
STREET ADDRESS ~~150 S.E. 2ND AVE., SUITE 709~~
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PT ☒ Change ☐ Addition

1.2 NAME LIMA, PAULO R.
1.3 STREET ADDRESS 25 SE 2ND AVE. SUITE 305
1.4 CITY-ST-ZIP MIAMI, FL 33131-1509

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME LIMA, SOLANGE M.
2.3 STREET ADDRESS 25 SE 2ND AVE. SUITE 305
2.4 CITY-ST-ZIP MIAMI, FL 33131-1509

3.1 TITLE S ☐ Change ☒ Addition

3.2 NAME LIMA, PAULO M.
3.3 STREET ADDRESS 25 SE 2ND AVE. SUITE 305
3.4 CITY-ST-ZIP MIAMI, FL 33131-1509

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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:

PAULO LIMA, Pres.

1/5/99

(305) 374-7576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)