

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V22058** (4)

1. Corporation Name

S & C TRADING GROUP, INC.



Principal Place of Business

Mailing Address

**S AND T TRADING GROUP
205
MIAMI FL 33155
US**

**6840 S.W. 40TH STREET
205
MIAMI FL 33155
US**

3. Date Incorporated or Qualified
03/18/1992

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **6291 S.W. 40 ST.**

26 **6291 S.W. 40 ST.**

4. FEI Number

65-0320098

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 Zip **33155** 25 Country

29 Zip Country 30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOSA, GONZALO
10453 S.W. 99 TERR.
MIAMI FL 33176**

81 Name

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

83

84 City

FL 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

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 ☐ DELETE
NAME **P**
STREET ADDRESS **SOSA, J. GONZALO**
CITY-ST-ZIP **10453 SW 99TH TERR
MIAMI FL**

1.1 TITLE ☒ Change: ☐ Addition
1.2 NAME **SOSA, GONZALO**
1.3 STREET ADDRESS **16011 S.W. 83 ST.**
1.4 CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **CASTRO, JOE**
CITY-ST-ZIP **14411 SW 115TH TERR.
MIAMI FL**

2.1 TITLE ☐ Change: ☐ Addition
2.2 NAME **OK.**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change: ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change: ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change: ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change: ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

GONZALO SOSA

Date

Daytime Phone

(305) 666-0195

CR2E034 (12/95)