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

**PROFIT** Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (4)S & C TRADING GROUP, INC. Principal Place of Business Mailing Address 6291 SW 40 ST. 6291 SW 40 ST. 295 Miami Fl 33155-4883 MIAMI FL 33155-4883 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0320098 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional NO 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intargible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SOSA, GONZALO 10453 S.W. 99 TERR. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 83 City 84 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 agont and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition SOSA, GONZALO NAME 12 NAME 16011 SW 83 ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 21 TITLE Addition NAME CASTRO, JOE 22 NAME 7455 S.W. 124 AVE. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33183** CITY-\$T-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5 1 TOLE ☐ Change Addition NAME 5.2 NAME STREET ADORESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 14. I hereby certify that the information supplied with this indicated on this annual report of supplemental any officer or director of the corporation or the received Block 12 or Block 13 if changed, or on an autopmen no does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information for its true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an a legal effect as if made under oath; the legal effect as if made under oath; that I am an a legal effect as if made under oath; the legal eff

化对抗原体 []

SIGNATURE:

**FILED**