

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V63506** (2)

1. Corporation Name

F.A. MIAMI TRADING, INC.



Principal Place of Business

~~169 SOUTHEAST FIRST STREET -~~
~~FIRST AND THIRD FLOORS -~~
~~MIAMI FL 33131~~
US

Mailing Address

1801 SOUTHWEST THIRD AVENUE
8TH FLOOR
MIAMI FL 33129
US

3. Date Incorporated or Qualified
09/14/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **1801 S.W. 3rd AVE.**

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **8th FLOOR**

27

City & State

City & State

23 **MIAMI, FL**

28

Zip

Country

Zip

Country

24 **33129**

25 **U.S.A.**

29

30

4. FEI Number
65-0357696

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

JIMENEZ, ROSE G.
1801 SOUTHWEST THIRD AVENUE
8TH FLOOR
MIAMI FL 33129

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 the applicable

(if not) Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPT** ☐ DELETE
NAME **MEIRELES, CLETO CAMPELO**
STREET ADDRESS **1801 SOUTHWEST THIRD AVENUE, 8TH FLOOR**
CITY-ST-ZIP **MIAMI FL**

TITLE **V** ☐ DELETE
NAME **PERDIGAO, MARCIO C.**
STREET ADDRESS **1801 SOUTHWEST THIRD AVENUE, 8TH FLOOR**
CITY-ST-ZIP **MIAMI FL**

TITLE **DS** ☐ DELETE
NAME **MEIRELES, MARIA DE FATIMA**
STREET ADDRESS **1801 SOUTHWEST THIRD AVENUE, 8TH FLOOR**
CITY-ST-ZIP **MIAMI FL**

TITLE **S** ☐ DELETE
NAME **JIMENEZ, ROSW G.**
STREET ADDRESS **1801 SW 3RD AVE., 8TH FLOOR**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

V
MEIRELES, MARIA DE FATIMA

JIMENEZ, ROSE G.

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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rose G. Jimenez

DATE

04/29/96

Daytime Phone #

(305) 858-6350

CR2E034 (12/95)