

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000003695
1. Corporation Name

A.C.X. TRADING, INC.

Principal Place of Business

Mailing Address

5691 VANTAGE HWY
ELLENSBURG, WA 98926

5691 VANTAGE HWY
P.O. BOX 188
ELLENSBURG, WA 98926

3. Date Incorporated or Qualified
08/01/1995

3a. Date of Last Report
12/31/96

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

77-0036978

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

RAMIREZ, MIGUEL
5609 30TH COURT EAST
BRADENTON, FL 34203

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC
NAME GOMBOS, JOHN
STREET ADDRESS 5691 VANTAGE HWY
CITY-ST-ZIP ELLENSBURG WA 98926

☐ DELETE

TITLE DCV
NAME GOMBOS, MICHAEL N JR
STREET ADDRESS 5691 VANTAGE HWY
CITY-ST-ZIP ELLENSBURG, WA 98926

☐ DELETE

TITLE DS
NAME CONIGLIO, TERRY J
STREET ADDRESS 110 W OCEAN BLVD, STE C
CITY-ST-ZIP LONG BEACH CA 90802-4615

☐ DELETE

TITLE DP
NAME LEASHNO, MOSHE
STREET ADDRESS 5691 VANTAGE HWY
CITY-ST-ZIP ELLENSBURG WA 98926

☐ DELETE

TITLE T
NAME RICKS, LARRY
STREET ADDRESS 5691 VANTAGE HWY
CITY-ST-ZIP ELLENSBURG, WA 98926

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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****550.00 ****550.00

14. I do 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.

SIGNATURE: Larry L. Ricks, LARRY L. RICKS, TREASURER 9-26-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)