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FILED
May 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000003695 (2)

1. Corporation Name
A.C.X. TRADING, INC.

Principal Place of Business

5691 VANTAGE HWY
ELLENSBURG WA 98926

Mailing Address

PO BOX 188
ELLENSBURG WA 98926



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

RAMIREZ, MIGUEL
5609 30TH COURT EAST
BRADENTON FL 34203

10. Name and Address of New Registered Agent

81 Name

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

5609 30th Court East

83

84 City

Bradenton

FL

85 Zip Code

34203

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 fee, if applicable

(NO 11 Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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 CONIGILIO, 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 Y
NAME RICKS, LARRY
STREET ADDRESS 5691 VANTAGE HWY
CITY-ST-ZIP ELLENSBURG WA 98926 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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.

SIGNATURE *[Signature]*

(500) 962-7809

CR2E034 (10/97)