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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500003695 (2)

A.C.X. TRADING, INC.

FILED May 29 1998 8:00am Secretary of State



5691 VANTAG	e of Business	Mailing Address		1 LOUISON ALEA ADIAL ALIAL DOLLE ADIAL ADIAL ADIAL A	
		PO BOX 188			
ELLENSBURG WA 98926		ELLENSBURG WA 98928			
				DO NOT WRITE IN THI 3. Date Incorporated or Qualified	IS SPACE
				08/01/1995	
2. Principal Place of Business		2a, Mailing Address 26		4. FEI Number	Applied For
				77-0036978	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
3		28	· · · • · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees
Zφ	Country	Zφ	Country	8. This corporation owes or has paid the o	_ ' - ~
4	25	29	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Registere	au Agent
	MIREZ, MIGUEL		or rearies		
	09 SOTH COURT EAST			dress (P.O. Box Nurober is Not Acceptable)	ast
-BR	ADENTON-FL-34203_		183 SQE	19 304 Could Ca	
			83		
			84 Gity	()	B5 Zip Code
			1 176	adeaton F	
11. Pursuant	to the provisions of Sections 607,050	02 and 607.1508, Florida Statu	utes, the above-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	e of changing its registered
agent La	registered ageni, or poin, in the state am fam iliar with, and accept the oblig	ar monda, Soon change was pations of, Section 607.0505, F	s authorized by the corpora Florida Statutes	ation's board of directors. Thereby accept the d	ppointment as registered
SIGNATURE	•				
SIGNATURE.	Signature, typed or printed name of registered as	ent and too if appliedde (NC	OIF Registered Agent signature requ		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DC	☐ D€LETE	1.1 TITLE		Change Additi
NAME	GOMBOS, JOHN		1.2 NAME		
-	5691 VANTAGE HWY		1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS					
STREET ADDRESS	5691 VANTAGE HWY	☐ DELETE	1.3 STREET ADDRESS		☐ Change ☐ Additi
STREET ADDRESS CITY-ST-ZIP LITLE	5891 VANTAGE HWY ELLENSBURG WA 98926	DELETE	1.3 STREET ADDRESS 1.4 CHY-S1-7IP		☐ Change ☐ Additi
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Thereby 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 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 trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an advises.

(500) 962-7819