## 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 # M31489

(1)

MIXNI DYNAMIC TRADE, INC.

| FILED              |
|--------------------|
| May 12 1997 8:00am |
| Secretary of State |

| Principal Place of Business                     | Mailing Address                                 |                                  | 810H 040H E10H 310H 01 | /BOI B)D)1 (BB)  |   |                  |  |
|---|---|----------------------------------|------------------------|--|---|------------------|--|
| 2355 SALZEDO STREET. SUITE 310                  |   |                                  |                        |  |   |                  |  |
| P.O. BOX 141688                                 | 4545 N.W. 7TH STREET<br>12                      |                                  |                        |  |   |                  |  |
| CORAL GABLES FL 33114-8688                      | CORAL GABLES FL 39128-2<br>US                   | CORAL GABLES FL 33128-2397<br>US |                        |  | 3. Date Incorporated or Qualified 3a. Date of Last Report 05/05/1986 05/01/1996 |                  |  |
| 2. Principal Place of Business                  | 2a. Mailing Address                             |                                  |                        | 4. FEI Number  |   | Applied For      |  |
| 21  |   | 26                               |                        |  | 59-2669692 Not Applice  |                  |  |
| Suite, Apt. #, etc.<br>22                       | 27  |                                  |                        |  | \$8.75 Additional Fee Required  |                  |  |
| City & State                                    | 28  |                                  |                        |  | \$5.00 May Be Added to Fees   |                  |  |
| Zipi Country                                    | Zip   | Coun                             | try                    | 8. This corporation has liability for  |   | ır s. 199.032,   |  |
| 24    25  |   | 30]                              | <del> </del>           |  | Yes No  |                  |  |
|   | of Current Registered Agent                     |                                  | 81 Name                | 10. Name and Address of New Re   | Bisteled Washi  |                  |  |
| IZQUIERDO, NICOLAS                              | 1700  | L                                |                        |  |   |                  |  |
| 2899 COLLINAS AVENUE, #<br>MIAMI BEACH FL 33140 | 7720  | [4                               | Street /               | Address (P.O. Box Number is Not Acceptate  | ile)  |                  |  |
| MIAMI DEACH FL 33140                            |   | ŀ                                | 83                     |  |   |                  |  |
|   |   | Ĺ                                |                        |  |   |                  |  |
| ## <b>(%</b>                                    |   | [1                               | 64 City                |  | Et 85 Z   | ip Code          |  |
| 11 Pursuant 2 the provisions of Section         | ns 607 0502 and 607 1508. Florida Statute       | s the ab                         | ove-named              | corporation submits this statement for the r   | nurnose of changin  | a its registered |  |
| office or registered age or both, in            | the State of Florida. Such change was au        | uthorized                        | by the corp            | corporation submits this statement for the poration's board of directors. I hereby acceptoration's | ot the appointment  | as registered    |  |
| .: S m  | i the onligations of, Section 607,0505, Pior    | ida Statu                        | tes.                   |  |   |                  |  |
| SIGNATURE States are typed or bringed name of   | registered agont and title if applicable (NOTE: | Registered                       | Annature               | required when reinstaling)   | DATE  | ·····            |  |
|   | ICERS AND DIRECTORS                             | 13.                              |                        | ADDITIONS/CHANGES TO OFFIC   |   | ORS IN 12        |  |
| 100 PVST  | DELETE  | 1.1 TITL                         | E                      |  | ☐ Chang   | ge Addition      |  |
| NAME IZQUIERDO, NICOLAS                         | 3   | 1.2 NAN                          | Æ .                    |  |   |                  |  |
| sти тар <del>ба</del> 2660 S.₩. 37TH AVEN       | NUE, #700                                       | 1.3 STR                          | EET ADDRESS            |  |   |                  |  |
| GITY-STAZE MIAMI FL                             |   | 1.4 CIT                          | r-ST-ZIP               |  |   | İ                |  |
| TOLE  | DELETE  | 2.1 7(7)                         | E                      |  | Chang   | ge Addition      |  |
| NAME  |   | 2.2 NAN                          | AE                     |  |   |                  |  |
| STREET ADDRESS                                  |   | 2.3 STR                          | EET ADDRESS            |  |   |                  |  |
| C(1) - \$1 - 7(P)                               |   | 2. 4 CIT                         | Y-ST-ZIP               |  |   |                  |  |
| THILE   | DELETE  | 3.1 1111                         | E                      |  | Chang   | ge 🔲 Addition    |  |
| NAME  |   | 3.2 NAS                          | Æ                      |  |   |                  |  |
| STREE ADDRESS                                   |   | 3.3 STR                          | ee1 address            |  |   | j                |  |
| City+S -7P                                      |   | 3.4. CIT                         | Y - ST - ZIP           |  |   |                  |  |
| utte  | ☐ DELETE  | 4.1 3111                         | .E                     |  | Chang   | ge Addition      |  |
| NAME  |   | 4. 2 NA                          | ME                     |  |   |                  |  |
| STREET ADDRESS                                  |   | 4.3 STR                          | EET ADDRESS            |  |   |                  |  |
| C-TY - S1 - 21P                                 |   | 4.4 CIT                          | Y - ST - ZIP           |  |   |                  |  |
| TITLE   | ☐ DELETE  | 5.1 T(T)                         | .£                     |  | Chang   | ge Addition      |  |
| NAME  |   | 5.2 NAA                          | Æ                      |  |   |                  |  |
| STREET ACODESS                                  |   | 5.3 STR                          | EET ADDRESS            |  |   |                  |  |
| C(17+S'+20)                                     |   | 5.4 CIT                          | r-ST-ZIP               | ······································   |   |                  |  |
| TITLE   | ☐ DELETE  | 6.1 T(T)                         | .E - 3.                |  | ☐ Chang   | ge 🔲 Addition    |  |
| NAME  |   | 6.2 NAN                          | AE J                   |  |   |                  |  |
| STREET ADDRESS                                  |   | 6.3 STR                          | EET ADDRESS            |  |   |                  |  |
| City-Si-7th                                     |   | 6.4 CIT                          | Y-ST-ZIP               |  |   |                  |  |
| 14. I do hereby certify that the information    | on supplied with this filing does not qualify   | for the c                        | xemption s             | tated in Section 119.07(3)(i), Florida Statute   | s. I further certify the  | nat the          |  |

Telegraphic report of the information supplies with this filling destroy that the state in section 13.05 (i), Florida statutes in the filling destroy the same legal effect as if made under oath; that Lam 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.