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

Mailing Address

4545 N.W. 7TH STREET

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M31489

1. Corporation Name

Principal Place of Business

2355 SALZEOO STREET

MIXNI DYNAMIC TRADE, INC.

FILED
Apr 23, 1999 8:00 am
Secretary of State
•

04-23-1999 90052 010 ***150.00



DO NOT WRITE IN THIS SPACE

CORAL GABLES	FL 33114	CORAL GABLES FL 33126				DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed		}	
		,				05/05/1986	, , , ,		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	\vdash	pplied For	
11		26				59-2669692		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional lequired	
22 27 27 City & State City & State						6 Flortion Compaign Financing		May Be	
, *		28	City & Glate			6. Election Campaign Financing Trust Fund Contribution		to Fees	
23 Zip	Country	Zip	Zip Countr			8. This corporation owes the current year Intang			
24	25	L `	30			1	Yes	□No	
	9. Name and Address of Current I		<u></u>	Υ		10. Name and Address of New Registered Age	nt		
					Name				
IZQUIERDO, NICOLAS				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	S W 37TH AVENUE #700			62	Street Addre	555 (F.O. DDX Number is Not Acceptable)	_		
MIAN	II FL 33133			83				MAN .07	
	•			84	Cibe	Te	5 Zip	Code,"	
				{ }	City	C41	1	~ `	
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									
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.									
						APR			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered	Agent	signature required				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND D			
TπLE	PST	☐ DELETE	1.1 11	TLE		<u></u> _] Change	Addition	
NAME	IZQUIERDO, NICOLAS		1.2 N	AME	}	. •			
STREET ADDRESS	2355 SALCEDO, #300		1,3 S1	TREET	ADDRESS			:	
CITY-ST-ZIP	CORAL GABLES FL 33134			TY-ST-	ZIP		10		
TITLE	V	☐ DELETE	2.1 11	TLE] Change	Addition	
NAME	IZQUIERDO, JUAN CARLOS		2.2 N	AME	1				
STREET ADDRESS	2660 SW 37 AVE., #700		2.3 \$1	REET /	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33133		_	TY-ST	-ZIP		106	1 Addition	
me (☐ DELETE	3.1 TI		{	. L] Change	Addition	
NAME			3.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			_	ITY-ST	-ZIP	· 	Change	□ Addition	
TITLE		☐ DELETE	4.1 TI		}	L] Change	Addition	
NAME	• '		4.2N		ļ				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			_	TY-ST-	ZIP		106	m Andres	
TITLE	-	DELETÉ	5.1 TI		ì	L] Change	Addition	
NAME			5.2 N/			•			
STREET ADDRESS	•				ADDRESS				
CITY-ST-ZIP				ITY-ST-	ZIP		1.06	T Addition	
TITLE]	•	☐ DELETE	6.1 TI		1	L] Change	☐ Addition	
NAME			6.2 N						
STREET ADDRESS			6.3 \$7	TREET	ADDRESS				
CITY-ST-ZIP				ITY-ST-					
	actiful that the information augustical with	state Chine alone to a manage for	44			ection 110 07/3)(i) Florida Statutes I further certify	that the		

Increase certary that the information supplied with this liting does not qualify for the exemple state in Section Sale in Section 13.07(3)(f), Florida Statutes, the 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 ananged, or on an attach pent with an address, with all other like empowered.

SIGNATURE

305-441-9991