SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Oct 07 1998 8:00am
Secretary of State

000045039

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N93000001039 (7)

1. Corporation Name

WOMEN IN INTERNATIONAL TRADE, INC.

Principal Place of Business	Mailing Address
444 BRICKELL AVE #51-329 MIAMI FL 33131 US	444 BRICKELL AVE #51-329 MIAMI FL 33131 US

3. Date Incorporated or Qualified: 02/22/1993

4. FEI Number: 65-0392515 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SANDLER, TRAVIS & ROSENBERG, P.A. 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI FL 33126-2022	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	~~MEMBIELA-CORDOBA, ROYMI~~		1.2 NAME	Margolis, Judy	
STREET ADDRESS	444 BRIKCELL AVE., #51-329		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ORDOXEZ, JEAN G		2.2 NAME		
STREET ADDRESS	444 BRICKELL AVE, #51-329		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	CALDERON, INEZ		3.2 NAME	Cullen, Margaret	
STREET ADDRESS	BOX 111709		3.3 STREET ADDRESS	444 Brickell Ave. #51-329	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	LARDY, LISA		4.2 NAME	Landy, Lisa	
STREET ADDRESS	444 BRICKELL AVE, #51-329		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	DT	☐ Change ☒ Addition
NAME			5.2 NAME	King, Kristy	
STREET ADDRESS			5.3 STREET ADDRESS	6920 Mindello St.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kristy King KRISTY KING 9/22/98 (305)669-8441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #