

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90077 035 ****61.25

DOCUMENT # N93000001039	
1. Entity Name THE ORGANIZATION OF WOMEN IN INTERNATIONAL TRADE - MIAMI, INC.	

Principal Place of Business 444 BRICKELL AVE #51-329 MIAMI FL 33131 US	Mailing Address 444 BRICKELL AVE #51-329 MIAMI FL 33131 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 65-0392515	☐ Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES 1 SE THIRD AVE 27TH FL MIAMI FL 33-3131
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DAN, EVELYN 444 BRICKELL AVENUE SUITE S1-329 MIAMI FL 33131 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANDY, LISA 444 BRICKELL AVE STE 51329 MIAMI FL 33131 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SEGRE, LEXI 444 BRICKELL DR #51-329 MIAMI FL 33131 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PAGAN, DAISY A 444 BRICKELL AVE STE 51329 MIAMI FL 33131 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Maruta S. Mang (same) ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daisy A Pagan* **3/31/04 954 888 8045**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #