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

Mailing Address
7686 STONEHAVEN LANE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOCA RATON FL 33496-5904

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

FILED

Jan 31 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date Incorporated or Qualified

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400001253 (1)

DFK TRADING CORP.

Principal Place of Business

7686 STPNEHAVEN LN. BOCA RATON FL 33496

SIGNATURE:

01/06/1994 02/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0470116 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Źip Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 30 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 ROLLNICK, NEIL S 133 SEVILLA Street Address (P.O. Box Number is Not Acceptable) 82 **CORAL GABLES FL 33134** 83 84 City Zip Code 85 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signaturic Typed or printed manne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DELETE Addition 1.1 TITLE Change TITLE KEISMAN, DANIEL NAME 1.2 NAME 7886 STONEHAVEN LN. 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE KEISMAN, MYRNA NAME 2.2 NAME 7686 STONEHAVEN LANE STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-SI-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIF 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - 7(P 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAM: 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - ST - ZIP 6.4 CiTY-ST-ZIP 14. To hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this appured port or supplierdental 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 directory of the projection appears in Block 12 or