

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90005 025 ***550.00

DOCUMENT # P94000003252 ✓

1. Corporation Name
AJIX TRADING CORP.

Principal Place of Business

2525 DAVIE BLVD
STE 320
DAVIE FL 33317
US

Mailing Address

2525 DAVIE ROAD
STE 320
DAVIE FL 33317
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1994

4. FEI Number

65-0462207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2525 DAVIE BLVD

Suite, Apt. #, etc.

22 Suite 330

City & State

23 DAVIE FL

Zip

24 33317

Country

25 USA

2a. Mailing Address

26 2525 DAVIE RD

Suite, Apt. #, etc.

27 Suite 330

City & State

28 DAVIE FL

Zip

29 33317

Country

30 USA

9. Name and Address of Current Registered Agent

ROSEN, LAWRENCE N
133 SEVILLA
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME AZOUT, JACK
STREET ADDRESS 3079 NE 163RD STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE D ☐ DELETE

NAME AZOUT, GILDA
STREET ADDRESS 3079 N.E. 163RD STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE P ☐ DELETE

NAME GILINSKI, SAUL
STREET ADDRESS 2525 DAVIE ROAD STE 320
CITY-ST-ZIP DAVIE FL

TITLE SEC ☐ DELETE

NAME GILINSKI, FLORETTE
STREET ADDRESS 2525 DAVIE ROAD STE 320
CITY-ST-ZIP DAVIE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 2875 NE 191 ST #1
1.4 CITY-ST-ZIP ADVENTURA, FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 2875 NE 191 ST #1
2.4 CITY-ST-ZIP ADVENTURA, FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0299187