

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000037626 (5)**

1. Corporation Name

**TRADEMART INTERNATIONAL CORPORATION**



Principal Place of Business

Mailing Address

P.O. BOX 526223  
MIAMI FL 33152

P.O. BOX 526223  
MIAMI FL 33152

3. Date Incorporated or Qualified

05/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 19200 EAST ST. ANDREWS DRIVE  
Suite, Apt. #, etc.

27 19200 EAST ST. ANDREWS DRIVE  
Suite, Apt. #, etc.

4. FET Number

65-0581223

Applied For

Not Applicable

22

City & State

23 MIAMI, FL

27

City & State

28 MIAMI, FL

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

24 33015

25 DADE

29 33015

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CABEZAS, CARLOS A  
9240 FONTAINEBLEAU BLVD.#509  
MIAMI FL 33172

81 Name

CABEZAS, CARLOS A.

82 Street Address (P.O. Box Number is Not Acceptable)

19200 EAST ST. ANDREWS DRIVE

83

84 City

MIAMI

FL

85 Zip Code

33015

11. Pursuant to the provisions of Sections 607.0503 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]*

CARLOS A. CABEZAS, 22240517/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	P/D CABEZAS, CARLOS A.
13 STREET ADDRESS	19200 EAST ST. ANDREWS DRIVE
14 CITY - ST - ZIP	MIAMI, FL 33015
2. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	D ASTORE, ROBERT F.
23 STREET ADDRESS	1170 SHOREVIEW DRIVE
24 CITY - ST - ZIP	ENGLEWOOD, FL 34223
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (305) 829-0265  
Date Daytime Phone #

CR2E034 (12/95)