

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

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90015 035 \*\*\*150.00

02/4011

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P96000077147**

1. Corporation Name  
**TRADESMART ENTERPRISES, INC.**



Principal Place of Business  
**10837 NW 29 STREET**  
**MIAMI FL 33172**  
**US**

Mailing Address  
**10837 NW 29 STREET**  
**MIAMI FL 33172**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/17/1996**

4. FEI Number  
**65-0693881**

Applied For  
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EXPOSITO, ADRIANA**  
**8500 SW 8TH ST. #240**  
**MIAMI FL 33144**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

1.1 TITLE  Change  Addition

NAME **P PRATO, ERNESTO**  
 STREET ADDRESS **13783 S.W. 66 ST., #A104**  
 CITY-ST-ZIP **MIAMI FL**

1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE

2.1 TITLE  Change  Addition

NAME **ST CARAMES, YALINDA**  
 STREET ADDRESS **13783 S.W. 66 ST., #A104**  
 CITY-ST-ZIP **MIAMI FL**

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE

3.1 TITLE  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE

4.1 TITLE  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE

5.1 TITLE  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

SIGNATURE:

*Ernesto Prato*

**2/26/99**

**305.436.9876**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)