

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

PROFIT  
CORPORATION  
ANNUAL REPORT

1996

DOCUMENT #

V32046

(7)

1. Corporation Name  
TRAATEK, INC.



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



Principal Place of Business

3785 NW 82ND AVENUE  
SUITE 310  
MIAMI FL 33166  
US

Mailing Address

800 N MIAMI AVE  
STE 606-E  
MIAMI FL 33136

2. Principal Place of Business

2a. Mailing Address

26 3785 NW 82 Avenue

Suite, Apt. #, etc.

27 Suite 310

City & State

28 Miami, Florida

Zip

29 33166

Country

30 us

g. Name and Address of Current Registered Agent

STEVEN D. BRAVERMAN PA  
2021 E COMMERCIAL BLVD  
STE 304  
FT LAUDERDALE FL 33308

3. Date Incorporated or Qualified

04/27/1992

3a. Date of Last Report

03/07/1995

4. FEI Number

65-0346633

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



Yes



No

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of President or Secretary

Date (MM/DD/YYYY)

12. OFFICERS AND DIRECTORS

NAME

VT SAK, CHEN

8850 NW 196TH STREET  
MIAMI FL

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily 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 this filing.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/96 (308)  
75-0396

CR2E034 (12/95)