

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 431170

(0)

1. Corporation Name

OMNITRADE CORPORATION

Principal Place of Business

5500 NW 21ST TERR.
EXECUTIVE AIRPORT, BUILDING 11
FORT LAUDERDALE FL 33309

Mailing Address

5500 NW 21ST TERR.
EXECUTIVE AIRPORT, BUILDING 11
FORT LAUDERDALE FL 33309



3. Date Incorporated or Qualified
07/24/1973

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

21 761 S.E. 22nd AVE.

Suite, Apt. #, etc.

22

City & State

23 POMPAÑO BEACH, FL

24 Zip 33062

Country

25 U.S.A.

2a. Mailing Address

26 761 S.E. 22nd AVE.

Suite, Apt. #, etc.

27

City & State

28 POMPAÑO BEACH, FL

29 Zip 33062

Country

30 U.S.A.

4. FEI Number

59-2297273

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

9. Name and Address of Current Registered Agent

KAISERMAN, JOSEPH
761 S.E. 22ND AVE.
POMPAÑO BCH. FL 33062

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 below of registered agent and filed of application

Date of Registered Agent Signature required when not stating

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE
NAME ALMEIDA, DEBORA
STREET ADDRESS 2372 NW 34TH ROAD
CITY-STATE-ZIP COCONUT CREEK FL

TITLE S ☐ DELETE
NAME FOGARTY, BRIDGET
STREET ADDRESS 6443-1 BAY CLUB DR
CITY-STATE-ZIP FT LAUDERDALE, FL 00000

TITLE P ☐ DELETE
NAME KAISERMAN, JOSEPH
STREET ADDRESS 761 S.E. 22ND AVE.
CITY-STATE-ZIP POMPAÑO BCH. FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 an address.

SIGNATURE:

JOSEPH KAISERMAN

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/13/96 (954) 946-5573
Date Disposal Fee #

CR2E034 (12/95)