

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 523200 (4)  
1. Corporation Name  
INTER-TRADE BANQUE LTD., INC.

Principal Place of Business  
8190 S.W. 78 STREET  
STE 100  
MIAMI FL 33143  
US

Mailing Address  
P.O. BOX 430065  
MIAMI FL 33243-0065  
US



DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |  |   |
|--------------------------------|---------------------|---------------------|---------------------|--|---|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>01/24/1977  |   |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>NOT APPLICABLE  | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired<br><input checked="" type="checkbox"/>  | \$8.75 Additional<br>Fee Required                                 |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be<br>Added to Fees                                    |
| 24                             | Country             | 29                  | Country             | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |

|   |      |  |  |
|---|------|--|--|
| 9. Name and Address of Current Registered Agent<br>ASKARI, T.<br>8190 S.W. 78 STREET<br>SUITE 100<br>MIAMI FL 33143 |      | 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 |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------|---|---|
| TITLE                      | PMD                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ASKARI, MICHAEL        | 1.2 NAME  |   |
| STREET ADDRESS             | 8190 SW 78 ST          | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL               | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | STD                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | AL-KHATIB, FAISAL      | 2.2 NAME  |   |
| STREET ADDRESS             | 8190 S.W. 78 ST.       | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL               | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SALMAN, NAEL           | 3.2 NAME  |   |
| STREET ADDRESS             | 8190 S.W. 78 ST.       | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL               | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ABDEL-AZIZ, TAREK      | 4.2 NAME  |   |
| STREET ADDRESS             | 8190 S.W. 78 ST.       | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL               | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ABDELORAHMAN, NABIL    | 5.2 NAME  |   |
| STREET ADDRESS             | 819P SW 78 STREET      | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL               | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | CD                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ALOSAUD, HRH PRINCE M. | 6.2 NAME  |   |
| STREET ADDRESS             | 8190 S.W. 78 STREET    | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL               | 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.

SIGNATURE: *Michael Askari* April 6<sup>th</sup>, 1998 305 5961000

CR2E034 (10/97)