

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 # **676542** (4)

1. Corporation Name

BORDER TRADING CORPORATION



Principal Place of Business

Mailing Address

**13434 SW 111 TERR
MIAMI FL 33186**

**13434 SW 111 TERR
MIAMI FL 33186**

3. Date Incorporated or Qualified

07/15/1980

3a. Date of Last Report

02/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GERRITS, ANDREW T.
6550 NORTH ANDREWS AVE
SUITE 700
FORT LAUDERDALE FL 33309**

81

Name

Andrew T. Gerrits

82

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

6350 N. Andrews Avenue

83

Suite

Suite 100

84

City

Ft. Lauderdale

FL

85

Zip Code

33309

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 (if not made in state)

(If CLE, Foreign Agent Signature Required when transacting)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

URALDE, JOSE L.

13434 S.W. 111TH TERR.

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD

GERRITS, ANDREW T

6550 NORTH ANDREWS AVE

FORT LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD

DE URALDE, NIEVES B.

13434 S.W. 111TH TERR.

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose L. Uralde

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

8477 SW 40th Street, Apt. No. 22

Miami, Florida 33155

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

6350 N. Andrews Avenue Suite 100

Ft. Lauderdale, Florida 33309

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

8477 SW 40th Street, Apt. No. 22

Miami, Florida 33155

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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, on an attachment with an address.

2-6-95 (305) 53-8398

DAY

Daytime Phone

CR2E034 (12/95)