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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

| | MENT # 697 ED TRADING, INC | | (0) | | | | Bigir sisil gare grant gigir | ı I 1 8 11 1 88 1 | |
|--|---|--|---|-------------------------------|-------------------|---|------------------------------|--|--|
| Principal Place 75 NE 40 STRE MIAMI FL 33137 | ET | 75 NE 4 | Mailing Address 75 NE 40 STREET MIAMI FL 33137-3509 | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 08/05/1981 | 3a. Date of Last F | Report | |
| 2. Principal Pl | ace of Business | | 2e. Mailing Address | | | 4. FEI Number | Ar | pplied For | |
| Suite, Apt. (| # etc. | 26 Suite | Suite, Apt #, etc. | | | 59-2117185 | <u> </u> | ot Applicable Additional | |
| 22 | 7, 010. | 27 | | | | 5. Certificate of Status Desired | | equired | |
| City & State | 3 | City | City & State | | | 6. Election Campaign Financing | | May Be | |
| 23 Zip | Country | 28 Zip | | | | Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, | | | |
| 24 | 25 29 | | | 30 | | Florida Statutes | Yes No | , 100.00 | |
| | | of Current Registered | Agent | | -1 11 | 10. Name and Address of New Re | glatered Agent | | |
| | RWAL, RAJNI | | | 8 | | | | | |
| | CAMPANA AVE . AL GABLES FL 33156 | | | | 2 Street Ad | ddress (P.O. Box Number is Not Acceptable) | | | |
| OUIT | AL GADLES EL SOIVO | | | | 3 | | | | |
| | | | | 8 | 4 City | | 85 Zip | Code | |
| 44 Porsuant t | a the provisions of Section | ne 607 0502 and 607 15 | inα Florida Statu | tes the abo | ve-named o | ornaration submits this statement for the r | FL 65 210 | hereteiner et | |
| office or re agent 1 ar | o the provisions of occino egistered agent, or both, in pramiliar with, and accep | in the State of Florida. So of the obligations of, Sec | uch change was dion 607.0505, F | authorized I lorida Statut | by the corpo | orporation submits this statement for the poration's board of directors. I hereby acceptations | of the appointment as | registered | |
| SIGNATURE | Signature Typed or printed name o | and the state of t | | Yr. Decistand A | | equired when reinstating) | DATE | | |
| 12, | | ICERS AND DIRECTOR | | 13. | gent signatore re | ADDITIONS/CHANGES TO OFFIC | | RS IN 12 | |
| TITLE | PST | | DELETE | 1.1 TITLE | | | Change | Addition | |
| NAME | AGARWAL, RAJANI | | | 1.2 NAMI | E] | | | .] | |
| STREET ADDRESS | 660 CAMPANA AVE. | | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | CORAL GABLES FL | | DELETE | 1.4 CITY 2.1 TITLE | | | Chaona | - Addition | |
| TITLE | | | _ | | ì | | Change | L. Addition | |
| NAME PROCET ADDRECC | | | 22 N | | 1 | | | | |
| STREET ADDRESS CITY - ST - ZIP | | | | 2.3 STRE 2.4 CITY | ET ADDRESS | | | | |
| TITLE | | | DELETE | 3 1 TITLE | | | ☐ Change | Addition | |
| NAME | | | | 32 NAM | E | | | | |
| STREET ADDRESS | | | | 3 3 STAE | et address | | | | |
| CITY-ST-ZIP | | | _ | 3.4. City | | | | | |
| TITLE | | | DELETE | 4.1 TITLE | | | Change | Addition | |
| NAME | | | | 4. 2 NAN | IE | | | | |
| STREET ADDRESS | | | | 4.3 STRE | ET ADDRESS | | | | |
| CITY-ST-7IP | | | | 4.4 City | | *************************************** | | To the same of | |
| TITLE | | | DELETE | 5.1 TITLE | | | ☐ Change | ☐ Addition | |
| NAME | | | | 5.2 NAM | | | | | |
| STREET ADDRESS | | | | | ET ADDRESS | | | | |
| CITY-S1-ZIP TITLE | | | DELETE | 5.4 CITY 6.1 TITLE | | | Change | ☐ Addition | |
| NAME | | | C) otten | 6.2 NAM | - 1 | | C Change | L Roution | |
| STREET ADDRESS | | | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | | 6.4 CITY | | | | | |
| | by certify that the informal | ion supplied with this fili | ng does not qua | | | ated in Section 119.07(3)(i), Florida Statute | s. I further certify tha | t 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. If on an attachment with an address.

SIGNATURE

RAJWI AGARNAL //10/97 305-571-7171

FILED

Jan 22 1997 8:00am

Secretary of State