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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300000227 (9)

**FILED** Feb 09 1998 8:00am Secretary of State

1. Corporatio	T COMMODITY GROUP LTD	, CORPORATION			
Principal Plac	e of Business	Mailing Address		-	BANI BANIA BABNI NIJIN NEAN NIBN
9270 N.W. 100 ST. MEDLEY FL 33178		AIOP BLDG A-5 HOOKCREEK BLVD & 145TH AVE VALLEY STREAM NY 11582		do not write in thi	S SPACE
		US		<ol><li>Date Incorporated or Qualified 01/19/1993</li></ol>	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 131 Eust M.	errich Rd.	11-2924251	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	6	City & State	,	6. Election Campaign Financing	\$5.00 May Be
23		28 Valley Stream	m, NY	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24	25	29 /1580	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Registers	d Agent
9270 N.W. 100 ST. MEDLEY FL 33176			81 Name		
			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
			83		
			84 City	F	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 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					of changing its registered
SIGNATURE	Signature, typod or printed name of registered agen		. Registered Agent signal, we require	ad when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	CDP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VITERITTI, FRANK		1.2 NAME		·
STREET ADDRESS	133-17 96 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	OZONE PARK NY 11417		1.4 CITY - S1 - ZIP	•	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WEINRAUCH, PETER		2.2 NAME		
STREET ADDRESS	172 GORDON RD.		2.3 STREE1 ADDRESS		
CITY-ST-ZIP	VALLEY STREAM NY 11580		2. 4 CITY - ST - ZIP		
TITLE	TD	DELETE	3.1 TITLE		Change Addition
NAME	MISCHE, ALBERT		3.2 NAME		
STREET ADDRESS	34 HOMESTEAD CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HAUPPANGE NY		3.4. CITY-ST-ZIP		
TATLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		D priese	4.4 CITY - ST - ZIP		Dones Desert
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
\$TREET ADDRESS			5.3 STREET ADDRESS		ĺ
CITY-ST-ZIP		NUETE	5.4 CITY-S1-ZIP		Change Addition
TITLE		DELETE	61 TITLE		CT CHANGE (C) Addrillon
NAME			6.2 NAME	,	
STREET ADDRESS			6 3 STREET ADDRESS	•	}
CITY-ST-ZIP	=		6.4 CITY-ST-ZIP	0.0000000000000000000000000000000000000	

14. Thereby 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 informatio indicated on this annual report or supplemental annual report is frue 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 occeiver 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.

1/20/08