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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000000615 (3)

TRADE FACILITATORS, INC.

Mailing Address

Principal Place of Business

## **FILED** May 21 1997 8:00am Secretary of State



2972 A-AVEN AVENTURA F	TURA BLVD., STE. 223 L 33180	AVENTURA FL 33180-31					
					3. Date Incorporated or Qualifie 02/06/1995	d 3a. Date of 09/03/1	Last Report
2. Principal Flace of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number /65	0648 121)	Applied For
21		26		·	APPLIED FOR		Not Applicable
Suite, Apl	t #, etc	Suite, Apt #, etc.		: 	5. Certificate of Status Desired	11 7	8.75 Additional Fee Required
City & State 23		City & State	T		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Ζip	}		Country	/	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes	Yes X No	
	g, Name and Address of Cur	rent Registered Agent			10. Name and Address of New	Registered Agen	<u>ıt</u>
W	OLF, LARRY		61	Name			
200 A JOHN KNOX RD.			82	Street Add	Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32303-8843			83				
ł			84	) '		FL 85	1
office or agent. f SIGNATURE					poration submits this statement for th tion's board of directors. I hereby ac ared when reinstaling)	cept the appointn	nent as registered
12.	The second secon	AND DIRECTORS	13.	and Manager sector	ADDITIONS/CHANGES TO OF		ECTORS IN 12
THUE	CP	DELETE	1.1 TITLE				Change
NAME	GARDNER, MARIA P		12 NAME				
STREET ADDRESS			13 STAEE	T ADDRESS			
O(1) ST-20	AVENTURA FL 33180		1.4 CITY-	ST-ZIP			
TITLE	CV	☐ DELETE	2.1 TITLE				Change
NAME	GARDNER, DANIEL		2.2 NAME				
STHEET ADDRESS	PAPER LIST ATTENDED		23 STREE	I ADDRESS			
CHY - ST - ZIP	AVENTURA FL 33180	- I arier	2. 4 CITY-	ST - ZIP	\$100 may 100 m		OCCUPATION OF THE PROPERTY OF
Tiffat	1	☐ DELETE	3.1 TITLE			البا	Change
NAME			3.2 NAME				
STREET ADDRESS	` {			T ADDRESS			
CITY - ST - 7IP TITLE	-	☐ DELETE	34 CITY-	21-21			Change [ ] Addition
NAME			4. 2 NAME	ľ			· •
STEEL! ADDRESS			1	T ADDRESS			
017-5 -2IP			4.4 CITY-				
TIFLE		DELETE	5.1 TITLE		······································		Change Addition
NAM:			5 2 NAME				
STREET ADDRESS	s.		5.3 STREE	T ADDRESS			
CHTY - ST - ZIP			5.4 CHTY-	ST-ZIP			
Triuf		☐ DELETE	6.1 TITLE				Change 🔲 Addition
HAME			6.2 NAME				
STREET ADORESS	;		63 STREE	T ADDRESS			
Lony stane			64 CHY-	ST-ZIP			

14. I do 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:

04/12/97

305-952-3641 Daytime Phone #