

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90010 018 \*\*\*150.00

DOCUMENT # F98000000523

1. Corporation Name

TRADE WIND ENTERPRISES LTD., INC.

Principal Place of Business

800 SE 3RD AVE., STE 300  
ST LAUDERDALE FL 33316

Mailing Address

800 SE 3RD AVE., STE 300  
ST LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1998

4. FEI Number

11-3240410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 2125 Biscayne Blvd.

Suite, Apt. #, etc.

22 570

City & State

23 Miami, FL

Zip Country

24 33137-5029 25 USA

2a. Mailing Address

26 800 SE 3rd Avenue

Suite, Apt. #, etc.

27 301

City & State

28 Ft. Lauderdale, FL

Zip Country

29 33316 30 USA

9. Name and Address of Current Registered Agent

LABATE, MARK J  
800 SE 3RD AVE., STE 300  
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

LABATE, Mark J.

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

83 800 SE 3rd Ave.

Suite 301

84 City

Ft. Lauderdale

FL

85 Zip Code

33316

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.

MARK J. LABATE

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

TITLE PCD  
NAME ANTONIAZZI, ALBERTO  
STREET ADDRESS 217-04 NORTHERN BLVD  
CITY-ST-ZIP BAYSIDE NY

TITLE VD  
NAME GORGONE, JOSEPH  
STREET ADDRESS 217-04 NORTHERN BLVD  
CITY-ST-ZIP BAYSIDE NY

TITLE STD  
NAME GASOFALO, LOREDAMA  
STREET ADDRESS 217-04 NORTHERN BLVD  
CITY-ST-ZIP BAYSIDE NY

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, S, T, D  
1.2 NAME ANTONIAZZI, Alberto  
1.3 STREET ADDRESS 2125 Biscayne Blvd., 570  
1.4 CITY-ST-ZIP Miami, FL 33137-5029

2.1 TITLE Asst. Secretary  
2.2 NAME LABATE, Mark J.  
2.3 STREET ADDRESS 800 SE 3rd Ave., Suite 301  
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33316

3.1 TITLE Vice-President  
3.2 NAME SITA, Fabio  
3.3 STREET ADDRESS 2125 Biscayne Blvd., 570  
3.4 CITY-ST-ZIP Miami, FL 33137-5029

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/99 (305)

CR2E034 (11/98)