

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 # **G39832** (2)

1. Corporation Name

I T I INTER-TRADE INDUSTRIAL, INC.



Principal Place of Business

Mailing Address

**9655 SOUTH DIXIE HWY
SUITE 116
MIAMI FL 33156-2813
US**

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SUITE 116
MIAMI FL 33156-2813
US**

3. Date Incorporated or Qualified

05/18/1983

3a. Date of Last Report

06/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FET Number

59-2303865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FUNES DE CALDERON, MARTHA A.
13621 SW 103 AVE
MIAMI FL 33173**

81 Name

FUNES DE CALDERON, MARTHA A.

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

8395 SW 102 St.

83

84 City

MIAMI

FL

85 Zip Code
33156

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 and to whom applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VSD** ☒ DELETE
NAME **FUNES DE CALDERON MARTHA**
STREET ADDRESS **13621 S.W. 103 AVE.**
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE **VSD** ☒ Change ☐ Addition
1.2 NAME **FUNES DE CALDERON, MARTHA**
1.3 STREET ADDRESS **8395 SW 102 St.**
1.4 CITY - ST - ZIP **MIAMI, FL 33156**

TITLE **PTD** ☒ DELETE
NAME **CALDERON, MARIO R**
STREET ADDRESS **13621 S.W. 103 AVE.**
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE **PTD** ☒ Change ☐ Addition
2.2 NAME **CALDERON, MARIO R.**
2.3 STREET ADDRESS **8395 SW 102 St.**
2.4 CITY - ST - ZIP **MIAMI, FL 33156**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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, or on an attachment with an address.

SIGNATURE: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

661-5324

Date

Daytime Phone *

CR2E034 (12/95)