

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G45854** (8)

1. Corporation Name

TRADING & FINANCING ASSOCIATES, INC.



Principal Place of Business

**7880 N. UNIVERSITY DR 1ST FL.
PO BOX 26132
TAMARAC FL 33321**

Mailing Address

**7880 N. UNIVERSITY DR 1ST FL.
PO BOX 26132
TAMARAC FL 33321**

3. Date Incorporated or Qualified
06/22/1983

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **500 EAST BROWARD BLVD**

26 Suite, Apt. #, etc.

22 **1100**

27 Suite, Apt. #, etc.

City & State

City & State

23 **FT LAUDERDALE FL**

28 City & State

Zip Country

Zip Country

24 **33394**

29 Zip

25 Country

30 Country

4. FEI Number

59-2351758

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 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

**MARULANDA R., EDGAR
3780 INVERRARY DRIVE
SUITE N-3P
LAUDERHILL FL 33319**

81 Name

ORALIA RIOS

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

500 EAST BROWARD BOULEVARD

83

SUITE 1100

84 City

FT LAUDERDALE

FL

85 Zip Code

33394

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, majority of shareholders, and is registered agent familiar with, and accepts, the obligations of, Section 607.1505, Florida Statutes.

SIGNATURE

CESAR A. MARULANDA DO

Signature of Registered Agent

Signature of Registered Agent

Date **06-12-96**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P MARULANDA R., EDGAR 2684 RIVIERA COURT FT. LAUDERDALE FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST MARULANDA, CESAR AUGUSTO 894 STANTON DR. FT. LAUDERDALE FL 33326

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO ORALIA RIOS 1015 THISTLE CREEK CT. FT LAUDERDALE FL 33327

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO MARULANDA, CARLOS A. 668 STANTON DRIVE FT LAUDERDALE FL 33326

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO MARULANDA, PABLO A. 18444 NW 9TH COURT PEMBROKE PINES FL 33029

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☒ Change ☐ Addition

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

☐ Change ☒ Addition

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

☐ Change ☒ Addition

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

☐ Change ☒ Addition

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

☐ Change ☒ Addition

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

☐ Change ☒ Addition

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

☐ Change ☒ Addition

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

☐ Change ☒ Addition

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP

☐ Change ☒ Addition

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP

☐ Change ☒ Addition

12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP

☐ Change ☒ Addition

13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP

☐ Change ☒ Addition

14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-ST-ZIP

☐ Change ☒ Addition

15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-ST-ZIP

☐ Change ☒ Addition

16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-ST-ZIP

☐ Change ☒ Addition

17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY-ST-ZIP

☐ Change ☒ Addition

SIGNATURE:

CESAR A. MARULANDA

04-29-96

954-463-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05 511196

CR2E034 (12/95)