

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
500 EAST BROWARD BLVD
STE #920
FT LAUDERDALE FL 33394
US

Mailing Address
500 EAST BROWARD BLVD
STE #920
FT LAUDERDALE FL 33394
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/22/1983

4. FEI Number
59-2351758
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 983 N. NOB HILL RD.
Suite, Apt. #, etc.

2a. Mailing Address
26 983 N. NOB HILL RD.
Suite, Apt. #, etc.

23 City & State
PLANTATION, FL

27 City & State
PLANTATION, FL

24 Zip
33324
25 Country
US

29 Zip
33324
30 Country
US

9. Name and Address of Current Registered Agent

RIOS, ORALIA
500 EAST BROWARD BLVD
STE #920
FT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name
RIOS, ORALIA
82 Street Address (P.O. Box Number is Not Acceptable)
983 N. HILL RD.
83
84 City
PLANTATION FL 85 Zip Code
33324

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]* 04-28-98
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	DO ☐ DELETE
NAME	RIOS, ORALIA
STREET ADDRESS	1015 THISTLE CREEK CT
CITY-ST-ZIP	FT LAUDERDALE FL 33327
TITLE	DO ☐ DELETE
NAME	MARULANDA, CESAR AUGUSTO
STREET ADDRESS	694 STANTON DR.
CITY-ST-ZIP	FT. LAUDERDALE FL 33326
TITLE	DO ☐ DELETE
NAME	MARULANDA, CARLOS A
STREET ADDRESS	668 STANTON DR.
CITY-ST-ZIP	FT. LAUDERDALE FL 33326
TITLE	DO ☐ DELETE
NAME	MARULANDA, PABLO A
STREET ADDRESS	2556 JARDIN LANE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	DO ☒ DELETE
NAME	MARULANDA, EDGAR A
STREET ADDRESS	812 SAND CREEK CIRCLE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	983 N. NOB HILL RD.
1.4 CITY-ST-ZIP	PLANTATION, FL 33324
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	983 N. NOB HILL RD.
2.4 CITY-ST-ZIP	PLANTATION, FL 33324
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	983 N. NOB HILL RD.
3.4 CITY-ST-ZIP	PLANTATION, FL 33324
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	983 N. NOB HILL RD.
4.4 CITY-ST-ZIP	PLANTATION, FL 33324
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 have been 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 *[Signature]* CESAR MARULANDA (REV) 474-2828

CR2E034 (10/97)