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PROFIT
CORPOBATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 26 1997 8:00 am Secretary of State

1997

DOCUMENT # J52041

ALLTRADERS INTERNATIONAL CORPORATION

Principa Place of Fictness 2151 BLOUNT ROAD POMPANO BCH., FLORIDA 33069

Mailing Address
2151 BLOUNT ROAD
POMPANO BCH., FLORIDA
33069

|  |  |                     |                        |        |                    |            |                    |  |   |                                      | 3. Date Incorporated or Qu            | alified     |          | te of Las                         |                        |                         |  |  |
|--|--|---------------------|------------------------|--------|--------------------|------------|--------------------|--|---|--------------------------------------|---------------------------------------|-------------|----------|-----------------------------------|------------------------|-------------------------|--|--|
|  |  |                     |                        |        |                    |            |                    |  |   |                                      | 01/08/87                              |             | 04       | /16                               | /96                    | ·                       |  |  |
| 2. Principal fla   |  | 2a. Mailing Address |                        |        |                    |            |                    |  | 4. FEI Number   |                                      |                                       | Applied For |          |                                   |                        |                         |  |  |
| 21 2151 BLOUNT ROAD  |  |                     |                        |        | 26 2151 BLOUNT R   |            |                    |  |   |                                      | 59-2830441                            |             |          |                                   | Not /                  | Applicable              |  |  |
| Suite, Apr. #, en.   |  |                     |                        |        | Suite, Apt #, etc. |            |                    |  |   |                                      | 5. Certificate of Status Desired      |             |          | \$8.75 Additional<br>Fee Required |                        |                         |  |  |
| City & State   | City & State   |                     |                        |        |                    |            |                    | 6. Election Campaign Financing \$5.00 May Be |   |                                      |                                       |             | ay Be    |                                   |                        |                         |  |  |
| POMPA  | ANO BO   | POMPANO BCH.,       |                        |        |                    | . , E      |                    |  | Trust Fund Contribution                               |                                      |                                       |             | ed to    |                                   |                        |                         |  |  |
| Zipi   | Country Zip Country 8. This corporation has fiability for intangib |                     |                        |        |                    |            |                    |  |   | tangible                             |                                       |             |          |                                   |                        |                         |  |  |
| 33069  | 59 <sub>25</sub> U.S.A. <sub>29</sub> 33069 <sub>30</sub>          |                     |                        |        |                    |            |                    |  |   | U.S.A. Fiorida Statutes   ☑ Yes ☐ No |                                       |             |          |                                   |                        |                         |  |  |
| Name and Address of Current Registered Agent   |  |                     |                        |        |                    |            |                    |  |   |                                      | 10. Name and Address of t             | New Reg     | stered / | gent                              |                        |                         |  |  |
|  |  |                     |                        |        |                    |            |                    |  |   | 81 Name                              |                                       |             |          |                                   |                        |                         |  |  |
| SAVIR, ISRAEL  |  |                     |                        |        |                    |            |                    |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                                      |                                       |             |          |                                   |                        |                         |  |  |
| 19693 NE 23RD COURT  |  |                     |                        |        |                    |            |                    |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                                      |                                       |             |          |                                   |                        |                         |  |  |
| NORTH MIAMI BEACH, FLORIDA 33180   |  |                     |                        |        |                    |            |                    |  | 63  |                                      |                                       |             |          |                                   |                        |                         |  |  |
| Total Illinia Danon, I Bonaton 55100   |  |                     |                        |        |                    |            |                    |  |   |                                      |                                       |             |          |                                   |                        |                         |  |  |
|  |  |                     |                        |        |                    |            |                    | 84   | City  |                                      |                                       |             | EI       | 85 2                              | ip Co                  | de                      |  |  |
| 44 55 3  |  | Lower of Cont       | 607.0600               | and Ed | 17 1600 El         | or do Ctot | doc th             | o obou                                       |   | od oorga                             | vation submits this statement f       | or the pu   | rpoop of | <u>abanain</u>                    | a ita                  | naistarad               |  |  |
| 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 in arrithmeter with, and accept the obligations of, Section 607.0505, Florida Statutes.  |  |                     |                        |        |                    |            |                    |  |   |                                      |                                       |             |          |                                   |                        |                         |  |  |
| SIGNATURE  |  |                     |                        |        |                    |            |                    |  |   |                                      |                                       |             |          |                                   |                        |                         |  |  |
|  | trace was  |                     | i fin a slered agert a |        |                    | (NC        |                    |  | ert signa   | lure required                        | when reinstating)                     | OFFICE      | DATE     | 0.0503                            |                        | 101.40                  |  |  |
|  |  |                     | HICERS AND D           | THEC   |                    | DC: tTt    |                    | 13.  |   | <del></del>                          | ADDITIONS/CHANGES TO                  | ) OFFICE    |          |                                   |                        |                         |  |  |
| Tak  | PD   |                     |                        |        | Ш                  | DELETE     |                    | I 1 TITLE<br>I 2 name                        |   |                                      |                                       |             |          | L_1 Chan                          | je                     | Addition                |  |  |
| NAME   | ISRAEL SAVIR   |                     |                        |        |                    |            |                    |  |   |                                      |                                       |             |          |                                   |                        |                         |  |  |
| 9" - 15" R" - 16" - 1  | 2151 BLOUNT ROAD   |                     |                        |        |                    |            |                    |  |   | s                                    |                                       |             |          |                                   |                        | ł                       |  |  |
| 30 St. 76  | POMPA  | NO BO               | H., FL                 | ORI    | DA                 | 33069      | 21                 | 4 CITY - S                                   | T- 71P  |                                      |                                       |             |          |                                   |                        |                         |  |  |
| T TEF  |  |                     | - •                    |        |                    | DELETE     | 2                  | 2.1 TITLE                                    |   |                                      |                                       |             |          | ☐ Chan                            | ge                     | Addition                |  |  |
| NAM:   |  |                     |                        |        |                    |            | - [ :              | 2.2 NAME                                     |   |                                      |                                       |             |          |                                   |                        |                         |  |  |
| STREET AS THE IN-  |  |                     |                        | 238    |                    |            | 2 3 STREET ADDRESS |  | is  |                                      |                                       |             |          |                                   |                        |                         |  |  |
| 0011-07-28   |  |                     |                        |        |                    |            | 4 CITY-            | ST-ZIP                                       |   |                                      |                                       |             |          |                                   |                        |                         |  |  |
| titi   |  |                     |                        |        |                    | DECETE     | -                  | B 1 TITLE                                    |   |                                      |                                       |             |          | Chan                              | ge                     | Addition                |  |  |
| 1819   |  |                     |                        |        |                    |            |                    |  |   |                                      |                                       |             |          |                                   |                        | 1                       |  |  |
| STREET ALL DES   |  | 32 N<br>33 S        |                        |        |                    | ADDRES     | s                  |  |   |                                      |                                       |             | 1        |                                   |                        |                         |  |  |
| ( ) ( ) ( )  |  |                     |                        |        |                    |            |                    |  | ST ZIP  |                                      |                                       |             |          |                                   |                        |                         |  |  |
| Titl   |  |                     |                        |        | ———                | DELETE     |                    | 4 † TITLE                                    |   |                                      | · · · · · · · · · · · · · · · · · · · |             |          | Chan                              | )e                     | Addition                |  |  |
| NAM)   |  |                     |                        |        |                    | -          |                    | 2 NAME                                       |   |                                      |                                       |             |          |                                   | - '                    |                         |  |  |
|  |  |                     |                        |        |                    |            | - 6                | 3 STREET                                     | ADDOC   |                                      |                                       |             |          |                                   |                        |                         |  |  |
| State ( 1 fl) or par   |  |                     |                        |        |                    |            |                    |  |   | °                                    |                                       |             |          |                                   |                        |                         |  |  |
| JI <sub>1</sub> 70   |  |                     |                        |        |                    | DELETE     |                    | 14 CHY - S<br>5 1 THILE                      | r- AP   |                                      |                                       | <del></del> |          | Chan                              | 22                     | Addition                |  |  |
| 1 11   |  |                     |                        |        | L_J                | DELETE     |                    |  |   |                                      |                                       |             |          | LJ Uliar                          | je:                    | MODIFICITY              |  |  |
| NAM!   |  |                     |                        |        |                    |            | 1                  | 2 NAME                                       |   |                                      |                                       |             |          |                                   |                        |                         |  |  |
| ALE 140 (H)  |  |                     |                        |        |                    |            |                    | 3 STREET                                     |   | s                                    |                                       |             |          |                                   |                        | }                       |  |  |
| 7(1) 51 71   |  |                     |                        |        |                    |            |                    | 5 4 CITY - 5                                 | T-ZIP   |                                      |                                       |             |          |                                   |                        |                         |  |  |
| THE  |  |                     |                        |        | Ц                  | DELETE     | - 1                | i i fille                                    |   |                                      | 000002<br>-02/27/97-                  | פַּתי       | 97       |                                   | ge                     | Addition                |  |  |
| 5849   |  |                     |                        |        |                    |            | - 1                | 2 NAME                                       |   |                                      | -02/27/97-                            | -010        | ริวัก    | 30                                |                        |                         |  |  |
| Shet (Ar di si   |  |                     |                        |        |                    |            |                    | 3 STREET                                     | ADDRES  | ŝ                                    | ***165.00                             | ~.~.        |          | -                                 | $\langle \phi \rangle$ | $\nearrow \forall \chi$ |  |  |
| 200 11 21  | 64 01  |                     |                        |        |                    |            |                    |  |   |                                      |                                       |             |          |                                   |                        | 'Y'                     |  |  |

14. If dear restignmently that the information sapplied win this filing loss not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information is leaded on this familial report is frue and accurate and that my signature shall have the same legal effect as if made under oath; that want at officer of the composition or the positive or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name applicable that it is thanged, or on adaptation and address.

SIGNATURE:

ISRAEL SAVIR A

(954)984-8425