

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 29 AM 8:52

DOCUMENT # K30089

(2)

1. Corporation Name

KERTRADE CORPORATION

Principal Place of Business

% STIVEN KERESTEGIAN
11106 S.W. 147TH PL
MIAMI FL 33196

Mailing Address

% STIVEN KERESTEGIAN
11106 S.W. 147TH PL
MIAMI FL 33196

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1988

3a. Date of Last Report

04/14/1994

4. FEI Number

65-0064253

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Finance and
Trust Fund Contributions

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 4478 N.W. 74 AV.

2a. Mailing Address

26 4478 N.W. 74 AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FL.

City & State

28 MIAMI, FL.

Zip

24 33166

Country

Zip

29 33166

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KERESTEGIAN, STIVEN

11106 S.W. 147TH PL

MIAMI FL 33196

5415 COLLINS AV # 606
MIAMI BEACH, FL 33140

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE

PD

NAME

KERESTEGIAN, NEY C.

STREET ADDRESS

11106 S.W. 147TH PL

CITY - ST - ZIP

MIAMI FL

TITLE

VD

NAME

KERESTEGIAN, STIVEN

STREET ADDRESS

11106 S.W. 147TH PL

CITY - ST - ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

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CITY - ST - ZIP

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY - ST - ZIP

18 TITLE

19 NAME

20 STREET ADDRESS

21 CITY - ST - ZIP

22 TITLE

23 NAME

24 STREET ADDRESS

25 CITY - ST - ZIP

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY - ST - ZIP

30 TITLE

31 NAME

32 STREET ADDRESS

33 CITY - ST - ZIP

34 TITLE

35 NAME

36 STREET ADDRESS

37 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 110.07(3)(b), 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:

STIVEN KERESTEGIAN

6-23-95

593-5155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER