PROFIT					
CORPORATION					
ANNUAL REPORT					
1999					



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED
OF JAMENPED NI 9: 22
DALLA CASTATE

DOCUMENT # K88637 1. Coraoration Name Comexter Trading Company

Principal Place of Business

8372 NW 64th St. Miami, FL 33166

21 10051 NW 99th Ave.

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

8372 NW 64th St. Miami, FL 33166

29

US .
a. Mailing Address
8100 Mitchell Road
Suite, Apt. #, etc
Suite 1200
City & State
Fdan Prairia MN

55344

Suite 5 City & State 23 Medley, FL Country Zip

25 USA 33178 9. Name and Address of Current Registered Agent

Gutierrez, Renaldy J 601 Brickell Key Dr. Ste. 501 Miami, FL 33131

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 5/10/89

FE! Number 65-0122113

Applied For Not Applicable \$8.75 Additional

Change XXAddition

5. Certificate of Status Desired 6. Election Campaign Financing

Fee Required \$5,00 May Be 1 1 Added to Fees

Trust Fund Contribution 8. This corporation owes the current year Intancible Personal Property Tax [Yes

[]

10. Name and Address of New Registered Agent

81 Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

FL | 85 | Zip Code 333324 Plantation 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. Lan familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

SIGNATURE NAME AND WASHINGTON SYSTEM.

Country

82

83

84 City

30 USA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P/D

12.	OFFICERS AND DIREC	CTORS	13.
TITLE	VPS	K DELETE	1 1 TITUE
NAME	Santos, Joaquin		12 NAME
STREET ADDRESS	8372 NW 64th Street		13 STREET ADORESS
CITY-ST-ZIP	Miami, FL		14 CITY-ST-ZIP
TITLE	D	K) DELETE	2 1 TITLE
NAME	Perez, Raul A.		22 NAME
STREET ADDRESS	8372 NW 64th St.		23 STREET ADDRESS
CITY-ST-ZIP	Miami, FL		2 4 CITY-ST-ZIP
TITLE		☐ DELETE	3 1 Till LE
NAME			3.2 NAME
STREET ADORESS		•	33 STREET ADORESS
CITY-\$1-ZIP			34 CITY-S1-2IP
TITLE		□ DELETE	4.1 TITLE
NAME			4 2 NAME
STREET ADDRESS			4.3 STREET ADORESS
CITY-ST-ZIP			44 CHY ST-ZIF
TITLE		C.) DELETE	5171111
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIF
TITLE		DELETE	& 1 TITLE
NAME			6.2 NAME
STREET ADDRESS			63STREET ADDRESS

Joseph Mulvehill 8100 Mitchell Road Eden Prairie, MN 55344 VP/D notibbA KX Change Greg Goven 8100 Mitchell Road Eden Prairie, MN 55344 □ Change XX Addition Owen Gleason

8100 Mitchell Road Eden Prairie, MN 55344 Fil Change T/D XX Addition John Wiehoff 8100 Mitchell Road

Eden Prairie, MN 55344

[] Change [] Addition 700002903007---2 -06/14/99---01015---020

CITY-ST-ZIP ing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further certify that the informal report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I arrive ustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in 14 I bereby certify that the information indicated on this annual report officer or director of the corpor Block 12 or Block 13 if change with an address, with all other like empowered

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Owen Gleason 5/24/99 612 937 8500

CR2E034 (11/98)