

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 # K98183 (2)

1. Corporation Name
DUAL TRADING INC.



Principal Place of Business

PO BOX 833125
MIAMI FL 33283-3125
US

Mailing Address

PO BOX 833125
MIAMI FL 33283-3125
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WILLIAMS, PAULINE J.
9868 COSTA DEL SOL BLVD
MIAMI FL 33178

3. Date Incorporated or Qualified
06/27/1989

3a. Date of Last Report
08/09/1995

4. FEI Number
65-0128810

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

11 Name

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

13

14 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the agent 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
WILLIAMS, OMAR K.
9868 COSTA DEL SOL BLVD
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DS
WILLIAMS, PAULINE J.
9868 COSTA DEL SOL BLVD
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
ALONSO, MANUEL
6245 SW 135 AVE
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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. NAME

2. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2. NAME

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

3. NAME

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

4. NAME

41. NAME

42. STREET ADDRESS

43. CITY - ST - ZIP

5. NAME

51. NAME

52. STREET ADDRESS

53. CITY - ST - ZIP

6. NAME

61. NAME

62. STREET ADDRESS

63. CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

400001811004
-05/07/96--01030--019
***200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)