

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K98497**

(6)

1. Corporation Name

TRADENTA CORPORATION



Principal Place of Business

**5710 S.W. 56TH TERR.
MIAMI FL 33143**

Mailing Address

**5710 S.W. 56TH TERR.
MIAMI FL 33143**

2. Principal Place of Business

21 3240 Mary Street

Suite, Apt. #, etc.

22 Suite S306

City & State

23 Coconut Grove, Florida

Zip

24 33133

Country

25 USA

2a. Mailing Address

26 3240 Mary Street

Suite, Apt. #, etc.

27 Suite S306

City & State

28 Coconut Grove, Florida

Zip

29 33133

Country

30 USA

3. Date Incorporated or Qualified

06/27/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0139739

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

9. Name and Address of Current Registered Agent

**MARTINEZ-ESPINO, VIRGILIO
5710 S.W. 56TH TERR.
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name

same as in box #9

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

3240 Mary Street

83

Suite S306

84 City

Coconut Grove

FL

85 Zip Code
33133

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ANDERSON, BERNARDO**
STREET ADDRESS **P. O. BOX 521308 N/A**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **MARTINEZ-ESPINO, FELIX**
STREET ADDRESS **P. O. BOX 521308 N/A**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME **Martínez-Espino, Virgilio**
3.3 STREET ADDRESS **3240 Mary Street, Suite S306**
3.4 CITY-ST-ZIP **Coconut Grove, Florida 33133**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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 or changed, or is an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Virgilio Martínez-Espino

04/30/1996

305-444-3794

Date

Daytime Phone #

565-1-96

CR2E034 (12/95)