

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90014 035 \*\*\*150.00

DOCUMENT # L17161

1. Corporation Name  
ITI INTERNATIONAL TRADE, INC.

Principal Place of Business  
9100 SOUTH DADELAND BLVD  
SUITE 906  
MIAMI FL 33156  
US

Mailing Address  
9100 SOUTH DADELAND BLVD  
SUITE 906  
MIAMI FL 33156  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/19/1989

4. FEI Number  
65-0153591

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 10767 SW 104 Street  
Suite, Apt. #, etc.

2a. Mailing Address  
26 10767 SW 104 Street  
Suite, Apt. #, etc.

22 City & State  
23 Miami, FL

27 City & State  
28 Miami, FL

24 Zip 33176 25 Country

29 Zip 33176 30 Country

9. Name and Address of Current Registered Agent

SOICHER, OSCAR  
9100 SOUTH DADELAND BLVD.  
SUITE 906  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name Soicher Oscar  
82 Street Address (P.O. Box Number is Not Acceptable)  
10767 SW 104 Street  
83  
84 City Miami FL 85 Zip Code 33176

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 PTD ☐ DELETE  
NAME SOICHER, OSCAR  
STREET ADDRESS 9240 SUNSET DR. #239  
CITY-ST-ZIP MIAMI FL

TITLE VSD ☐ DELETE  
NAME SOICHER, SYLVIA  
STREET ADDRESS 9240 SUNSET DR. #239  
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 PTD ☒ Change ☐ Addition  
1.2 NAME OSCAR SOICHER  
1.3 STREET ADDRESS 10767 SW 104 Street  
1.4 CITY-ST-ZIP Miami, FL 33176

2.1 TITLE VSD ☒ Change ☐ Addition  
2.2 NAME Soicher Sylvia  
2.3 STREET ADDRESS 10767 SW 104 Street  
2.4 CITY-ST-ZIP Miami, FL 33176

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)