

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L23572** (5)

1. Corporation Name

CONCORD TRADING CORP.



Principal Place of Business

Mailing Address

**C/O ALFRED EZEKIEL
150 SE SECOND AVE #400
MIAMI FL 33131**

**C/O ALFRED EZEKIEL
150 SE SECOND AVE #400
MIAMI FL 33131**

3. Date Incorporated or Qualified

10/17/1989

3a. Date of Last Report

03/02/1995

4. FEI Number

65-0194741

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

24.

25.

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

29.

30.

9. Name and Address of Current Registered Agent

**EZEKIEL, ALFRED
150 SE SECOND AVE #400
MIAMI FL 33131**

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 607.0501, Florida Statutes.

SIGNATURE

(Signature of person making this statement, or the officer or director of the corporation)

(Signature of person making this statement, or the officer or director of the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE

☐ DELETE

NAME

**D
EZEKIEL, ALFRED
150 SE SECOND AVE #400
MIAMI FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

**D
FISHOFF, BENJAMIN
150 SE SECOND AVE #400
MIAMI FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

**T
BRECHER, SHARON
150 S.E. 2ND AVENUE, STE. 400
MIAMI FL 33131**

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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CITY - ST - ZIP

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☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY - ST - ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Addition

☐ Change

☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A EZEKIEL

3-13-96

305 379 2600

DATE

PHONE #

CR2E034 (12/95)