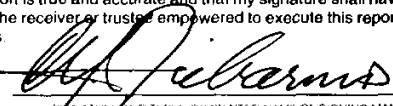


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L94000000638			
INTRADADE, L.C. 11900 W. DIXIE HWY. MIAMI FL 33161		1a. Principal Place of Business Address 11900 W. DIXIE HWY. MIAMI FL 33161			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/16/1994	FL
City & State		City & State		4. FEI Number	☐ Applied For ☐ Not Applicable
Zip		Zip		65-0580454	
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
				05/12/1998	SE 75 Additional Fee Required ☐
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
IRIBAR, MANUEL 11900 W. DIXIE HWY. MIAMI FL 33161			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	IRIBAR, MANUEL	8132 N.W. 164TH TERRACE		MIAMI LAKES FL	
MEM	JORGE IRIBAR/CUSTODI,	3300 N.E. 191ST STREET		N MIAMI BEACH FL	
				700003006587--7 -10/06/99--01002--006 ****588.75 ****588.75	
11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:  9/15/99 (954) 926-2900 SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					