2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 21, 2004 8:00 am Secretary of State 04-21-2004 90455 036 ****50.00 **DOCUMENT # L94000000638** 1. Entity Name INTRADADE, L.C. Mailing Address Principal Place of Business 11900 W. DIXIE HWY. 11900 W. DIXIE HWY. MIAMI, FL 33161 MIAMI, FL 33161 CR2E083 (10/03) 04052004 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0580454 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent IRIBAR, MANUEL DO NOT WRITE 11900 W. DIXIE HWY. MIAMI, FL 33161 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE MEM IRIBAR, MANUEL NAME 11900W, DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33161 JORGE IRIBAR/CUSTODIAN FOR ALEX M. IRIBAR NAME 11900 W. DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33161 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. 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 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED