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2nd and

attachment with an address. SIGNATURE:

2<sup>nd</sup> and File on or before Sept. 30, 1998 or Limited Liability Company will be FINAL NOTICE: dissolved, If dissolved, minimum amount due to reinstate: \$688.75

LIM TED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

1998 DIVISION OF CORPORATIONS						98 AUG -7 AM 8: 40				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee						1				
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company  DOCUMENT # 19700000705										
of Limite	ed Liability Co	ompany DOCU	MENI	# L970	0000	0705				
TRAVOV MRADING IG					1a. Principal Place of Business Address					
ARONON TRADING, LC 5500 GHLADES ROAD						5500 GHLADES ROAD				
2ND FLOOR					2ND FLOOR					
BOCA RATON FL 33431						BOCA RATON FL 33431				
2. Principa	al Place of Bu	siness	2a. Mailir	ng Address			3. Date Organized or Qualified   3a. State of Formation			
	GLAD		5	SAME			06/27/1997 FL			
Suite, Apt.			Suite, Apt	ol. #, etc.			4 FFI Number			Applied For
استر City & Stat			City & Sta	ate			36 664			Not Applicable
	A TATO	N 7L					5. Date of La		6. Certificate of Status Desired	
Zip	486	Palm Beach	Zip		Count	ry		•	l	al fee flequired 💢
		and Address of Current	Registered	Agent		8.	Name and Add	ress of New Regi	stered Agent/(	Office
						Name	<del></del>		<del></del>	
UNITE	ED COR	PORATE SERVI	CES,	INC.		Street Address (I	P.O. Box Numb	er is Not Accepts	ble)	
		AST 167TH ST	REET						/	
SUITE 300 N MIAMI BEACH FL 33162				Suite, Apt. #, etc	etc.					
					City	Zip Code and				
						City		FL		
9. Pursua	nt to the prov	isions of Sections 608.416	and 608,508	Florida Statu	tes, the a	bove-named limited	liability compar	ny submits this stat	ement for the p	urpose of changing
		gistered agent, or both, in the d accept the obligations.	State of Flor	rioa. Such chai	nge was a	iutnonzeo dy anirma	idve vote of a ma	iloutà oi tue memos	rs. i nereby <b>acc</b>	ерскте арролители
SIGNATU	RE							_ DATE		
10. Title		(Registered Agent Accepting		IOTE: Registered A		re required when reinstatings ass Street Address	9}	Cit	, State and Zig	Code
,10. Title	IVI	anaging manipers manager		<del> </del>	<b>D</b> 050110			-	,, , , , , , , , , , , , , , , , , , , ,	
				6604		OMII AIID		דעתגת	AND FL	1
MGRM	MGRM ARNOFF, KEITH 6624 NW 9			9TH AVE.		PARKE	WND EP			
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			<del></del> -	<u> </u>		. <u> </u>				
11 Idohe	reby certify the	at the information supplied w	ith this filing d	loes not qualify	for the ex	emption stated in Se	ection 119.07(3)	(i), Florida Statutes	. I further certify	that the information
indicated of limited liab	on trus annual pility company	report is true and accurate or the receiver or trustee	phowered to	execute inis re	eport as re	equired by Chapter	608, Fiorida Sta	tutes; and that my	name appears	n Block 10, or on an



## Aronon Trading, Inc. 5500 Glades Road, Suite 200 Boca Raton, Fl 33486

Florida Department of State Division of Corporations Corporate Records P.O. Box 6327 Tallahassee, FI 32314

Re: Aronon Trading, LC ID # 22-3525564 Ref. # L97000000705 1998 Annual Report

Enclosed is the annual report for along with a check for \$197.50. We did not get a form to file and are filing late as a result.

Please note that the address on the annual report is incorrect, we have changed it to reflect the correction.

Please abate any late filing fees.

Sincerely,

Keith Aronoff Pres