

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M29221**

1. Corporation Name

DUNA TRADING, INC.

Principal Place of Business

Mailing Address

**8260 N.W. 27TH STREET
SUITE 407
MIAMI - FLORIDA 33122**

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **8260 N.W. 27TH ST.**

26 **8260 N.W. 27TH ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 407**

27 **SUITE 407**

City & State

City & State

23 **MIAMI - FLORIDA**

28 **MIAMI - FLORIDA**

Zip

Country

Zip

Country

24 **33122**

USA

29 **33122**

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LASZLO KERESZTES
10150 N.W. 54TH TERRACE
MIAMI - FLORIDA 33178**

81 Name

LASZLO KERESZTES

82 Street Address (P.O. Box Number is Not Acceptable)

10150 N.W. 54TH TERRACE

83

84 City

MIAMI - FLORIDA

FL

85 Zip Code

33178

11. Pursuant to the provisions of Sections 607.0602 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

LASZLO KERESZTES, PRESIDENT

08-01-96

(Signature of the appointed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SECRETARY** ☒ DELETE
NAME **ISA KERESZTES**
STREET ADDRESS **8260 N.W. 27TH STREET**
CITY-ST-ZIP **MIAMI FLORIDA 33122**

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition
1.2 NAME **LASZLO KERESZTES**
1.3 STREET ADDRESS **10150 N.W. 54TH TERRACE**
1.4 CITY-ST-ZIP **MIAMI - FLORIDA 33178**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **VICEPRESIDENT** ☐ Change ☒ Addition
2.2 NAME **KATIA KERESZTES**
2.3 STREET ADDRESS **10237 N.W. 57**
2.4 CITY-ST-ZIP **MIAMI - FLORIDA 33178**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **500001917585** ☐ Change ☐ Addition
6.2 NAME **-08/09/96--01024--038**
6.3 STREET ADDRESS *****225.00**
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

08-01-96 305-591-4295

CR2E034 (12/95)