PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Apr 26, 1999 8:00 am Secretary of State

	1999	DIVISION OF CO	PORATIONS	04-26-1999 90	01/8/003 ***150.00
T, Corporation	MENT # M2922* RADING INC.	1			
Principal Plac	e of Business	Mailing Address		I (481881) til ligin (2115 ligin 1920) tilst och	ill Brått billit Bibtl Elltt einis sonr
8260 NW 271H	ST	8260 NW 27TH ST			
STE 407	•	STE 407		DO NOT WRITE IN TH	IIC CDACE
MIAMI FL 33" 22		MIAMI FL 33122		3. Date Incorporated or Qualifed	113 SFACE
US		US		03/20/1986	ļ
<u> </u>	N of Ducines	2a. Mailing Address		4. FEI Number	Applied For
_	Place of Business			59-2650850	Not Applicable
Suite, Art.	# etc	Suite, Apt. #, etc.			\$8.75 Acditional
22	# , CC.	27		5. Certificate of Status Desired	Fee Required
City & Stat	8	City & State		6. Election Campaign Financing	\$5.00 Nay Be
23	•	28		Trust F and Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24		293	0	Person I Property Tax.	Yes []No
	9. Name and Address of Curren	nt Registered Agent	94 1	10. Name and Address of New Register	ail Agent
VEO	FOTTES LASTIC		91 Name	Sonja Avalos	
KERESZTES, LASZLO 10150 NW 54TH TERRACE			82 Street Ad	fress (P.O. Box Number is Not Acceptable)	
	MI FL 33178			1 S. Treasure Dr.	
MINA	MI FL 331/0		83		
	,		84 City	ami Beach F	85 Zip Ccde
11. Pursuant	to the provisions of Sections 607,950	2 and 807.1508, Florida Statutes	, the above-named cor	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered
office o r	registered agent, of bot 1, in the State on familiar with, and accept the obliga	of Fibrida. Such change was aut tions of Section 607.0505, Ficrid	honzed by the corporation a Statutes.	ion's board of directors. I nelectly accept the ap	printinent as registated
SIGNATURE	\\.\.\.\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			ω	
SIGNATURE	Signature, typied or printed glan a of registered age		egistered Agent signature requ		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR \$ IN 12 Change Addition
TITLE	P	☐ OELETE	1.1 TITLE		Character 1
NAME	KERESZTES, LASZLO L		1.2 NAME		ξ
STREET ADDRES S			1.3 STREET ADDRESS		5
CITY-ST-ZIP	MIAMI FL 33178		14 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE	V V	□ beceie			
NAME	KERESZTES, KATIA		22 NAME		
STREET ADDRESS	I .		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33178	□ DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE			3.2 NAME		
NAME	ļ		3.3 STREET ADORESS		
- STREET ADDRES S	·		3.4. City-ST-ZiP		
CTY-ST-ZIP		☐ DELETE	4.3 TITLE		Change Addition
MINE		<u>_</u>	4. 2 NAME	•	Į.
NAME STREET ADDRESS	1		4.3 STREET ADDRESS		
	1		4.4 City-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		Change Addition
NAME	!		5.2 NAME		Ì
STREET ADDRESS	1		5.3 STREET ADDRESS		
	1		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME]
STREET ADDRESS			8.3 STREET ADDRESS		
JIRZE I ALRANDELS	1		_		

14. I hereby certify that the information supplied with this filing does not quality for the examption stated in Section 119.07(3)(i). Florida Statutes. I further cirtify that the information indicate 1 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 deceivar 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 apparationment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STON KERESTES