FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M53693

(1)

NAIB TRADING CORPORATION

Principal Place of Business Mailing Address 800 E. CYPRESS CREEK RD.. BOD E. CYPRESS CREEK RD., SUITE 302 SUITE 302 FT. LAUDERDALE FL 33334-3522 FT. LAUDERDALE FL 33334 3. Date Incorporated or Qualified 3a. Date of Last Report 06/11/1987 02/27/1996 4. FEI Number Principal Place of Business 2a. Mailing Address Applied For 59-28 16659 26 Not Applicable 21 Suite, Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution \Box Added to Fees 23 28 Country Zip Country Z_{ip} This corporation has liability for intangible tax under s. 199.032, 24 ☑ Yes ☐ No 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KONIG. MARCOS 800 E CYPRESS CREEK RD Street Address (P.O. Box Number is Not Acceptable) **STE 302 A3** FT LADUERDAEL FL 3334 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) PD DELETE Change Addition TITLE 1.1 TITLE KONIG, MARCOS 1.2 NAME NAME P.O. BOX 694345 N/A 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CiTY-ST-ZiP CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition Channe TITLE 3 1 71TLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE

6.4 CITY-ST-ZIP 14. 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 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 to en an address.

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIE

CITY-ST-ZIP

CITY - ST - ZIP

TITLE NAME

TITLE

NAME STREET ADDRESS

TED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

Change

Change

Addition

Addition

FILED

Jan 22 1997 8:00am

Secretary of State