FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 4: 15

DOCUMENT # M69391 (4)

1. CONCORDE TRADING GROUP, INC.

Principal Place of Business:
2999 NE. 191 ST.
SUITE 804
NORTH MIAMI BCH FL 33180
US

Mailing Address:
~~C/O HUGHES & SILVERS~~
~~1141 KANE CONCOURSE~~
~~BAY HARBOR ISLANDS FL 33154~~
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26 % HUGHES SILVERS + GLASSMAN
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 1140 KANE CONCOURSE - 5th FLR
City & State 23	City & State 28 BAY HARBOR ISLANDS, FL
Zip 24 Country 25	Zip 29 33154 Country 30

3. Date Incorporated or Qualified: 02/19/1988
3a. Date of Last Report: 01/31/1994
4. FEI Number: 65-0032114 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SILVERS, ROBERT HENRY
~~C/O HUGHES & SILVERS~~
~~1141 KANE CONCOURSE~~
~~BAY HARBOR ISLAND FL 33154~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) % HUGHES SILVERS + GLASSMAN
83 1140 KANE CONCOURSE - 5th FLR
84 City BAY HARBOR ISLANDS FL 85 Zip Code 33154

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: SCHLECHT, ARTHUR
STREET ADDRESS: 2999 NE 191 ST #804
CITY-ST-ZIP: N. MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		☐ Change ☐ Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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)(i), Florida Statutes. I further certify that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ARTHUR SCHLECHT

Date: 2/22/95 Daytime Phone #: 305 801 7531

0103046 CP