

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 20, 1996 08:00 AM
Secretary of State

DOCUMENT # **M69391**

(4)

1. Corporation Name

CONCORDE TRADING GROUP, INC.



Principal Place of Business

2999 N.E. 191 ST.
SUITE 804
NORTH MIAMI BCH FL 33180
US

Mailing Address

C/O HUGHES & SILVERS
1140 KANE CONCOURSE 5TH FLOOR
BAY HARBOR ISLANDS FL 33154
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **% HUGHES SILVERS + GLASSMAN**

22 City & State

27 Suite, Apt. #, etc.
28 City & State

23 Zip Country

29 Zip Country

24

30

3. Date Incorporated or Qualified
02/19/1988

3a. Date of Last Report
02/28/1995

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

10. Name and Address of New Registered Agent

SILVERS, ROBERT HENRY
C/O HUGHES & SILVERS - % HUGHES SILVERS + GLASSMAN
1140 KANE CONCOURSE 5TH FLOOR
BAY HARBOR ISLAND FL 33154

81 Name

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

83

84 City

FL 85 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 the applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE **D** ☐ DELETE
1.2 NAME **SCHLECHT, ARTHUR**
1.3 STREET ADDRESS **2999 NE 191 ST #804**
1.4 CITY - ST - ZIP **N. MIAMI BEACH FL**

2.1 TITLE ☐ DELETE
2.2 NAME
2.3 STREET ADDRESS

3.1 TITLE ☐ DELETE
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ DELETE
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ DELETE
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ DELETE
6.2 NAME
6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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; that 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, upon an amendment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR SCHLECHT 2-14-96 305-864-7531

Date Daytime Phone #

CR2E034 (12/95)