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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

0219657

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000011370 (2)

T.A.D.E INVESTMENTS CORP. Mailing Address Principal Place of Business 12022 NE 10 AVE 352 N.E. 187TH STREET SUITE B MIAMI FL 33161-6416 MIAMI FL 33162 3. Date Incorporated or Qualified 3a. Date of Last Report 02/08/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0428501 Not Applicable 21 26 Suite, Apr. #. ctc Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** MARK S. MEKÂND, P.A. 1399 S.W. IST AVENUE SUITE 108/ MIAMI FL 33131 lia m City ous 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by the corporation of the corporation o 11. Pursuant to the office or registored igent agent. Lam familiar with (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. THE DELETE 1.1 TITLE Change Addition MCGAHER, EMERITA E 1.2 NAME NAMI 12022 NE 10 AVE 1.3 STREET ADDRESS STREET ADDRESS N. MIAM) FL 1.4 CITY-ST-ZIP CHY-S1 Zif DELETE Change Addition 2.1 TITLE TITLE 22 NAME N2.540 STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP $|C|^{\nu}v\cdot S^{1}\cdot Z|^{p}$ DELETE Change Addition THE 3 1 TITLE 3.2 NAME STREET ACCIDECSS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP COTY-ST-ZIP DELETE Change Addition Illi€ 4.1 TITLE NAMI 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST- ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CDY-SI-ZE Addition TOLE DELETE 61 TIYLE Change NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS City - St - Zir 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 of t

SIGNATURE AND TIPED OF PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: