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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000013782

1. Corporation Name
COSTRADE, INC.



Principal Place of Business: 1776 N PINE ISLAND RD STE 218 PLANTATION FL 33322 US
 Mailing Address: 1776 N PINE ISLAND RD STE 218 PLANTATION FL 33322 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 10050 NW 116 Way Suite 11 Medley FL 33178 USA
 2a. Mailing Address: 26 10050 NW 116 Way Suite 11 Medley FL 33178 USA

3. Date Incorporated or Qualified: 02/24/1993
 4. FEI Number: 65-0389858
 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLEICHER, RICHARD
 1776 N PINE ISLAND RD
 STE 218
 PLANTATION FL 33322

81 Name: Richard Bleicher
 82 Street Address (P.O. Box Number is Not Acceptable): 10050 NW 116 Way Suite 11
 83 City: Medley
 84 City: Medley FL 85 Zip Code: 33178

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)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	P	NAME	DE MIZRAHI, METIN
STREET ADDRESS	685 PALM BLVD	CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	VP	NAME	BLEICHER, RICHARD
STREET ADDRESS	602 NW 111 WAY	CITY-ST-ZIP	CORAL SPRINGS FL
TITLE		NAME	
STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME	
STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME	
STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME	
STREET ADDRESS		CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE		2.1 TITLE	
1.2 NAME		2.2 NAME	
1.3 STREET ADDRESS		2.3 STREET ADDRESS	
1.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.2 NAME	
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
4.1 TITLE		4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
6.1 TITLE		6.2 NAME	
6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

14. I 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Bleicher Richard Bleicher 2/19/99 305 863 7177
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)