

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

FILED

Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000019374 (6)

1. Corporation Name  
TRADEINVEX CORP.



Principal Place of Business  
420 LINCOLN RD., STE 290  
MIAMI BEACH FL 33139

Mailing Address  
420 LINCOLN RD., STE 290  
MIAMI BEACH FL 33139-3009

3. Date Incorporated or Qualified  
03/15/1993

3a. Date of Last Report  
11/14/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0394480

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVI, RAIMUNDO CPA  
LOPEZ LEVI & ASSOCIATES, PA  
815 NW 57TH AVE #304  
MIAMI FL 33126

81 Name RICHARD WILLMOTT

82 Street Address (P.O. Box Number is Not Acceptable)  
420 LINCOLN RD SUITE 290

83

84 City MIAMI BEACH FL 85 Zip Code 33139

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 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 hereby accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

RICHARD J. WILLMOTT President

2-19-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME WILLMOTT, RICHARD J  
STREET ADDRESS 1250 OCEAN DRIVE  
CITY-ST-ZIP MIAMI BEACH FL 33139

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME RICHARD J. WILLMOTT  
1.3 STREET ADDRESS 420 LINCOLN RD SUITE 290  
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE D ☐ DELETE  
NAME WILLMOTT, RICHARD JR  
STREET ADDRESS 1250 OCEAN DRIVE  
CITY-ST-ZIP MIAMI BEACH FL 33139

2.1 TITLE DIRECTOR ☒ Change ☐ Addition  
2.2 NAME RICHARD WILLMOTT (JR)  
2.3 STREET ADDRESS 420 LINCOLN RD SUITE 290  
2.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 registered agent 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RICHARD WILLMOTT President 2-19-97 531-9292

CR2E034 (9/96)