



SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

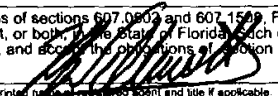
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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000019374			
1. Corporation Name TRADEVINEX CORP.			
Principal Place of Business 420 LINCOLN RD. STE 290 MIAMI BEACH FL 33139		Mailing Address 420 LINCOLN RD. STE 290 MIAMI BEACH FL 33139	

FILED
99 SEP 23 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


2. Principal Place of Business 21 420 LINCOLN RD S Suite, Apt. #, etc. 22 SIC 315 City & State 23 MIAMI BEACH - FL Zip 24 33139 Country 25 USA				2a. Mailing Address 26 420 LINCOLN RD Suite, Apt. #, etc. 27 SIC 315 City & State 28 MIAMI BEACH - FL Zip 29 33139 Country 30 USA				3. Date Incorporated or Qualified 03/15/1993			
4. FEI Number 65-0394480				Applied For <input type="checkbox"/> Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required							
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees							
7. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
9. Name and Address of Current Registered Agent WILLMOTT, RICHARD 420 LINCOLN RD, SUITE 290 MIAMI BCH FL 33139				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code							

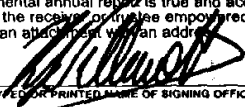
11. Pursuant to the provisions of sections 607.0802 and 607.1502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, which change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE:  DATE: **9/21/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	WILLMOTT, RICHARD J	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		420 LINCOLN RD, SUITE 290		1.2 NAME			
STREET ADDRESS		MIAMI BEACH FL		1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	D	WILLMOTT, RICHARD JR	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		420 LINCOLN RD SUITE 290		2.2 NAME			
STREET ADDRESS		MIAMI BEACH FL		2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 recipient of the fee 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:  DATE: **9/21/99** 305-531-9292

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

TRADEINVEX CORP.

420 LINCOLN RD. SUITE 315. MIAMI BEACH, FL 33139

PH: (305) 531-9292 FAX: (305) 531-9393

E-MAIL1: TRADEINVEX@THE-BEACH.NET

WEB SITE: WWW.TRADEINVEX.COM

TO: FLORIDA DEPARTMENT OF STATE

DATE: 9/21/99

I AM SENDING THE PAYMENT LATE FOR 1999 PROFIT CORPORATION ANNUAL REPORT BECAUSE I RECEIVE THE FORM LATE FROM FLORIDA DEPARTMENT OF STATE.

I SENT THE NEW ADDRESS TO FLORIDA DEPARTMENT OF STATE FOR TRADEINVEX CORP ON JANUARY 1999 AND WHEN RECEIVE THE FORM THE ADDRESS THAT APPEAR WAS WRONG.

THAT IS THE REASON THAT I AM SENDING THE CHECK FOR THE AMOUNT OF \$ 150 (ONE HUNDRED FIFTY AND 00/100).

IF YOU HAVE ANY QUESTIONS PLEASE CALL ME AT (305) 531-9292.

RICHARD WILLMOTT
PRESIDENT