

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

DOCUMENT # P93000021206 (6)

1. Corporation Name

TRADE EXPRESS CORP.



Principal Place of Business

Mailing Address

**4917 S.W. 74TH COURT
MIAMI FL 33155**

**4917 S.W. 74TH COURT
MIAMI FL 33155**

3. Date Incorporated or Qualified
03/22/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **1446 N.W. 78TH AVENUE**

26 **1446 N.W. 78TH AVENUE**

4. FEI Number

65-0395786

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **MIAMI FLORIDA,**

City & State

28 **MIAMI FLORIDA**

24 Zip **33126**

25 Country **USA**

29 Zip **33126**

30 Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATRICIA M. BEINGOLEA
170 S.E. 12TH TERRACE
#17
MIAMI FLORIDA, 33131**

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

Patricia M. Beingolea

PATRICIA M. BEINGOLEA

4-22-96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSD** ☐ DELETE

NAME **DA SILVEIRA, VITOR L**

STREET ADDRESS **4917 S.W. 74TH COURT**

CITY-ST-ZIP **MIAMI FL**

TITLE **VPD** ☒ DELETE

NAME **JOAO O. FRANCISCO R**

STREET ADDRESS **4917 S.W. 74TH COURT**

CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☒ DELETE

NAME **LUIZ, FELIPE O.**

STREET ADDRESS **4917 S.W. 74TH COURT**

CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

D/P/S/T

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

**1446 N.W. 78TH AVENUE
MIAMI FLORIDA, 33126**

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor L. DaSilveira **4-22-96**

Date

Daytime Phone #

CR2E034 (12/95)