

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000059332 (5)

1. Corporation Name

RUSEX TRADING CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 3:09

Principal Place of Business

Mailing Address

1900 GLADES RD.
ONE LINCOLN PLACE, SUITE 200
BOCA RATON FL 33431

1900 GLADES RD.
ONE LINCOLN PLACE, SUITE 200
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/24/1993

3a. Date of Last Report

02/28/1994

4. FEI Number

65-0432403

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 6798 NEWPORT LAKE CIRCLE

26 6798 NEWPORT LAKE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 BOCA RATON, FL

City & State

28 BOCA RATON, FL

Zip

24 33496

Country

25 PB

Zip

29 33496

Country

30 PB

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BADER, NEIL
ONE LINCOLN PLACE, SUITE 200
1900 GLADES RD.
BOCA RATON FL 33431

81 Name

BADER, NEIL

82 Street Address (P.O. Box Number is Not Acceptable)

6798 NEWPORT LAKE CIRCLE

83

84 City

BOCA RATON

FL

85 Zip Code
33496

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

Neil A. Bader

(Signature, typed or printed name of registered agent and title of application)

(NOTE: Registered Agent signature required when registering)

1/30/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	KOVNER, SANFORD
STREET ADDRESS	1900 GLADES RD., SUITE 200
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	DV
NAME	SUGARMAN, JOEL
STREET ADDRESS	1900 GLADES RD., SUITE 200
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	DST
NAME	BADER, NEIL
STREET ADDRESS	1900 GLADES RD., SUITE 200
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	DIRECTOR, V.P.	☒ Change ☐ Addition
1.2 NAME	KOVNER, SANFORD	
1.3 STREET ADDRESS	6798 NEWPORT LAKE CIRCLE	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
2.1 TITLE	DIRECTOR, V.P.	☒ Change ☐ Addition
2.2 NAME	SUGARMAN, JOEL	
2.3 STREET ADDRESS	6798 NEWPORT LAKE CIRCLE	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
3.1 TITLE	DIRECTOR, PRESIDENT, SECY, TREAS	☒ Change ☐ Addition
3.2 NAME	BADER, NEIL	
3.3 STREET ADDRESS	6798 NEWPORT LAKE CIRCLE	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 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 resolver 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:

Neil H. Bader

NEIL H. BADER

1/30/95

Date

407 988 0700

Telephone #