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PROFIT
CORPORATION
ANNUAL REPORT
1997



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FLORIDA DEPARAMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 13 1997 8:00am

Secretary of State

DOCUMENT # P93000083119 (6)

TRADE AMBASSADOR INC.

Principal Place of Business Mailing Address 4224 N. OCEAN DR. 4224 N. OCEAN DR. HOLLYWOOD FL 33019-4004 HOLLYWOOD FL 33328 3. Date Incorporated or Qualified 3a. Date of Last Report 11/22/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-0455289 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation has fiability for intangible tax under s. 199,032, Florida Statutes Yes No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name aracki. Radivoj 5855 SW 100 AVE. 82 Street Address (P.O. COOPER CITY FL 33328 4224 N. Ocean Dr. 83 7ip Code 33019 84 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 fartly ar with, and any optimise of Section 607.0505, Florida Statutes. nosh SIGNATURE voed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) Change Addition DELETE 1.1 TITLE TITLE President Aracki, Radivo ARACKI, RADIVOJ 1.2 NAME NAME 5655 SW 100 AVE 4224 Nocean Dr 1.3 STREET ADDRESS STREET ADDRESS **COOPER CITY FL 33328** 33019 Hollywood FL CITY-ST-ZIP DELFTE ☐ Change Addition TITLE 2.1 THLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-\$1-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STHEET ADDRESS :CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIF DELETE ___ Change Addition 51 HILE TITLE NAME 5.2 NAME STREET ADDRESS 5.8 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIF Change DELETE Addition TITLE 6.1 TITLE 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 C(TY - ST - 7)P

14. To 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 eath, 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