Mailing Address

175 FONTAINABLEAU BLVD

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## 1999

## DOCUMENT # P94000033512

1. Corporation Name

Principal Place of Business

175 FONTAINABLEAU BLVD

INTERNATIONAL TRADE GROUP, INC.

2J-3		2J-3			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
MIAMI FL 33172	!	MIAMI FL 33172							
US		US				** '			
- 0: 1:0		n Mariina Addanga				04/12/1994 4. FEI Number		Δnr	lied For
2. Principal Place of Business 2a. Mailing Add			ess						Applicable
21	<u> </u>	26				59-3248359		8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Fee Red	
22		27							<del> </del>
City & State	9	City & State				6. Election Campaign Financing		<b>\$5.00</b> i Added to	
23		28				Trust Fund Contribution			rees
Zip	Country	Zip	Countr	У		8. This corporation owes the current ye			□No
24	25		30			Personal Property Tax.			
	9. Name and Address of Curren	t Registered Agent	8.	41	Nama	10. Name and Address of New Regist	iereu Aye	1111	
001	THOSE OF A DOTONIE		0	'	Name		•		
SOLOMON, GLADSTONE				2	Street Addre	ess (P.O. Box Number is Not Acceptable)			
9400 W FLAGLER ST									
APT 101			8	3					
MIAMI FL 33174			8.	4	Cit.			5 Zip C	ode
			0,	4	City		FL ľ	"	
11 Pursuanti	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes	s, the abo	ve-r	named corpo	oration submits this statement for the purpo	se of cha	nging its i	registered
office or re	saictored agent or both in the State (	nt Florida. Slich change was alli	monzea o	v in	ne corporatio	in's board of directors. I hereby accept the	appointm	ent as reg	istered
agent. 1 ar	n familiar with, and accept the obligat	ions of, Section 607.0505, Florid	ua Statute	35.					ì
SIGNATURE	Signature, typed or printed name of registered agen	And title of applicable /NOTE: E	Panistared An	ont s	signature required	1 when reinstating) DA	TE		
40	OFFICERS AN		13.	JOIN 3	ng nature 1 o don o a	ADDITIONS/CHANGES TO OFFICE	RS AND E	IRECTO	RS IN 12
12.		□ DELETE	1,1 TITLE	:		700,110,107011/41020 10 0.11.02.		Change	☐ Addition
	P COLONON CLADOTONE	_		1.2 NAME		••		•	
NAME	SOLOMON, GLADSTONE	NF.0.			ADDRESS				
STREET ADDRESS	175 FONTAINABLEAU BLVD #2	203			· · ·				
CITY-ST-ZIP	MIAMI FL 33172	[] pereze	1.4 CITY-		ZIP	<del></del>		Change	Addition
TITLE	\$ DELETE		2.1 TITLE					Chango	
NAME	SOLOMON, JANA		2.2 NAME	IAME		5			
STREET ADDRESS	175 FONTAINABLEAU BLVD #2	253	2.3 STRE	ETA	ODRESS	27			
CITY-ST-ZIP	MIAMI FL 33172		2. 4 CITY	-ST-	-ZIP				
TITLE		☐ DELETE	3.1 TITLE					) Change	Addition
NAME			3.2 NAME	E					
STREET ADDRESS			3.3 STRE	ETA	ADDRESS				
CITY-ST-ZIP			3.4. CITY-						;
TITLE		☐ DELETE	4,1 TITLE		-			Change	Addition
NAME i		_	4. 2 NAM						
			4.3 STRE		ADDRESS	. •		~	· <b>-</b>
STREET ADDRESS									
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE		<u>ar</u>			Change	Addition
TITLE			5.2 NAME				_		
NAME					.000500				
STREET ADDRESS			53 STRE						
CITY-ST-ZIP			5.4 CITY-		ZIP			1 Change	□ Addison
TITLE		☐ DELETE	6.1 TITLE				L	] Change	☐ Addition
NAME			6.2 NAME	E					,
STREET ADDRESS			6.3 STRE	ET A	ADDRESS				

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 suppliered all 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 preciver 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 or any attacement with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90102 040 \*\*\*150.00