

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90060 014 ***158.75

DOCUMENT # **P94000040366**

1. Corporation Name

TRADECOM CORP.



Principal Place of Business

Mailing Address

**4090 HARDIE ROAD
COCONUT GROVE FL 33133
US**

**4090 HARDIE ROAD
COCONUT GROVE FL 33133
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1994

4. FEI Number

65-0497409

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 owes the current year Intangible
Personal Property Tax.



Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BLUM, SAMUEL S
2665 S. BAYSHORE DRIVE
SUITE 106
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

81 Name

Blum, SAMUEL S

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

2666 TIGERTAIL AVENUE, SUITE 106

83

84 City

COCONUT GROVE

FL

85 Zip Code
33133

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CANAL, ARMANDO J**
CITY-ST-ZIP **4090 HARDIE ROAD
COCONUT GROVE FL 33133**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CANAL, ARMANDO**
CITY-ST-ZIP **600 N. MASHTA DRIVE
KEY BISCAYNE FL 33149**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CANAL, JOHN C**
CITY-ST-ZIP **600 N. MASHTA DRIVE
KEY BISCAYNE FL 33149**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **CANAL, JOHN C**
3.4 CITY-ST-ZIP **15420 SW 84th AVENUE
MIAMI, FL 33157**

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 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 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, with all other like empowered.

SIGNATURE:

ARMANDO J. CANAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 21, 1999

(305) 668-1852

Date

Daytime Phone #

CR2E034 (1/98)