

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000044598 (8)

1. Corporation Name

CAPITAL TRADE DEVELOPMENT CORP.



Principal Place of Business

Mailing Address

C/O TIMOTHY E KISH
1221 BRICKELL AVE. 6TH FLOOR
MIAMI FL 33131
US

C/O TIMOTHY E KISH
1221 BRICKELL AVE. 6TH FLOOR
MIAMI FL 33131
US

3. Date Incorporated or Qualified

06/15/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0505250

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.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KISH, TIMOTHY E
1221 BRICKELL AVE
6TH FLOOR
MIAMI FL 33131

81 Name

Meyerson, Laurence

82

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

1221 Brickell Avenue

83

6th Floor

84

City

Miami,

FL

85

Zip Code
33131

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]

(NOTE: Registered Agent signature required when re-registering)

April 25, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
|-------|-------------------|----------------------------|----------------|-------------------------------------|
| CP | KINFINO, DAVID | 1221 BRICKELL AVE, 12TH FL | MIAMI FL 33131 | <input type="checkbox"/> |
| V | HOLTZ, LEON | 1221 BRICKELL AVE 4TH FL | MIAMI FL 33131 | <input type="checkbox"/> |
| DT | HARRIS, LUCIOUS T | 1221 BRICKELL AVE 6TH FL | MIAMI FL 33131 | <input type="checkbox"/> |
| D | BOYCE, CHARLES | 1221 BRICKELL AVE 12TH FL | MIAMI FL 33131 | <input type="checkbox"/> |
| D | HOLTZ, JAVIER | 1221 BRICKELL AVE 6TH FL | MIAMI FL 33131 | <input type="checkbox"/> |
| D | ARTMAN, TINA | 1221 BRICKELL AVE 4TH FL | MIAMI FL 33131 | <input checked="" type="checkbox"/> |

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------|----------------|--------------------------------|----------------------|--|
| CP | Konfino, David | 1221 Brickell Ave., 12th Floor | Miami, Florida 33131 | <input checked="" type="checkbox"/> |
| V | Holtz, Leon | 1221 Brickell Ave., 4th Floor | Miami, Florida 33131 | <input checked="" type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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***200.00

[Signature]
5-1-96

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]

April 25, 1996

(305) 536-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)