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

PROFIT CORPORATION `ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000052525 (0)

WINTRADE FORWARDING AGENT, INC.

Principal Place of Business Mailing Address 1378 NW 78TH AVE 7976 N.W. 14 STREET MIAMI FL 33126 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/15/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0504843 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. ☐ No 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CLUR, EUGENIO 1351 NW 187 AVE. Street Address (P.O. Box Number is Not Acceptable) 82 PEMBROKE PINES FL 33029 83 84 City Zip Code 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 rogistered 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of regularist agent and to cut applicable CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE CLUR, EUGENIO NAME 1351 NW 187 AVE. STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33029 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Addition 41 TITLE TITLE NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - ST- ZIP Change Addition □ DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP OELE1E Change Addition 6.1 MHE TITLE NAME 62 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIF

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 suppliemental 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 approximation.