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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

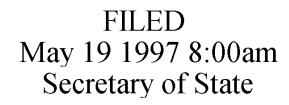
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400058854 (8)

COMTRADE OF PONTE VEDRA, INC.

Principal I	Place of	Business
-------------	----------	----------

Mailing Address





168 PATRICK MILL CIR PONTE VEDRA BEACH FL 32082		188 PATRICK MILL CIR PONTE VEDRA BEACH FL 32082 4 011					
					3. Date Incorporated or Qualified 08/10/1994	3e. Date of L 01/25/19	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3258317		Not Applicable
Suite, Apt. 22		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	75 Additional se Required
City & Stat	te	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zip 24	Country 25	Ζφ 29	Coun 30	try	8. This corporation has liability for in Florida Statutes	ntangible tax un Yes 🔲 No	der s. 199.032,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
BAR	ITLETT, BARON L		8	Name			
	HWY A1A		8	32 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
• • • • • • • • • • • • • • • • • • • •	TE 101					<u> </u>	
PON	ITE VEDRA BEACH FL 32082		. [8	33			
			[City		FL 85	Zip Code
11. Pursuant office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida. Such change was lations of, Section 607.0505, Fl	tes, the abo authorized lorida Statu	ove-named cor by the corpora tes.	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of chang it the appointme	ing its registered nt as registered
SIGNATURE							
	Signature, typed or printed name of registered age			Agent signature requ	uircd when rainstating)	DATE:	07000000
12.	. OFFICERS AN	ID DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
NAME	AZZALIN, GIORGIO	□ recet	1.1 TITL			[] (ii	alige L. Addition
	168 PATRICK MILL CIR		1.2 NAN				
STREET ADDRESS	PONTE VEDRA BEACH FL 320	182		EET ADDRESS			
CITY-ST-ZIP TITLE	0	DELFTE	2.1 IffL	-ST-ZIP		☐ Ch	ange Addition
NAME	FINCATO, ERNESTO G		2.2 NAN	Y			ango naonian
STREET ADDRESS	168 PATRICK MILL CIR			EE1 ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEHAC FL			Y-\$1-ZIP			
TITLE		☐ DEL€TE	3.1 1110			☐ Ch	ange Addition
NAME	1		3.2 NAN	1E			
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP			3 4, CIT	Y - S1 - ZIP			
TITLE		DELETE	4.1 THIL	F		☐ Ch	ange
NAME			4 2 NA	ME Ì			
STREET ADDRESS			4.3 STR	EE1 ADDRESS			
CITY-ST-ZIP				'-ST-ZIP		<u>-</u>	
TITLE		☐ DELETE	5.1 TiTL	I		∐ Ch	ange 🔲 Addition
NAME	į.		5.2 NAN				
STREET ADDRESS			5.3 STR	EE1 ADDRESS			
CITY-ST-ZIP		——————————————————————————————————————		r - S1 - 21P			——————————————————————————————————————
TITLE		☐ DELETE	6.17(1)	1		☐ Ch	ange 🔲 Addition
NAME			6.2 NAN	i			
STREET ADDRESS				FET ADDRESS			
CITY-ST-ZIP			6.4 CITY	'- \$1 - ZIP	10-10-10-1440 09/00/176-21- 0		

4. I do 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 furstee 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.

- Carrier Carr