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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

THE OLD TRADING POST INC. Principal Place of Business 1695 W 4TH AVE MIAMI FL 33012		Mailing Address 4895 W 4TH AVE MIAMI FL 33012-3937	4895 W 4TH AVE				
		:		3. Date Incorporated or Qualified 08/12/1994	3a. Date of Last Repo 03/12/1996	ort	
Principal F	lace of Business	2a. Mailing Address	 	4. FEI Number	Applie		
Suite, Apt	# 6*0	26 Suite, Apt. #, etc.		65-0512355	- \$9.75 Add	pplicable	
	F ₁ vac	27		5. Certificate of Status Desired	Fee Requi		
City & Sta	lo	City & State		6. Election Campaign Financing	\$5.00 Ma	ıy Be	
7 ₁₀ .	Country	28 Zip	Country	Trust Fund Contribution	Added to F		
- Z ір 	25)	29 29	30	This corporation has liability for Florida Statutes	r intangible tax under s. 19 ☐ Yes ☐ No	9.032,	
	9. Name and Address	of Current Registered Agent		10. Name and Address of New R	tegistered Agent		
	EDO, RICHARD G		81 Name				
) w 49th St [e 603-4		82 Street Add	dress (P.O. Box Number is Not Accepta	able)		
	EAH FL 33012		83	4-10-11 / WWW4 WWW4			
11070	LATE GOVE						
			84 City		85 Zip Coc	te	
office or agent 1:	registered agent, or both, in arn familiar with, and accept	the State of Florida. Such change was the obligations of, Section 607.0505, Fl	ies, the above-named cor authorized by the corpora forida Statutes.	poration submits this statement for the ation's board of directors. I hereby acceptance	ept the appointment as reg	gistere jistered	
GNATURE	Signer are, typicid or printed name of re OFFIC		les, the above-named corpora authorized by the corpora orida Statutes. IE Registered Agent signature requ 13. 1.1 TITLE		DATE	N 12	
office or agent 1 a	D OFFICE URRUTIA, RUBEN O 4895 W 4TH AVE	ing-stimed agent and title II applicable. (NO CERS AND DIRECTORS	TE Registered Agent a gnature requ	uired when reinstating)	DATE ICERS AND DIRECTORS I	N 12	
GNATURE 2. UF ME RELIADORESS LY: \$1-709	Signocure: 13 4d or punted name of the OFFICE OFFI	systemed agent and office it applicable. (NO CERS AND DIRECTORS	TE Registered Agent signature required 13. 11 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinstating)	DATE ICERS AND DIRECTORS II Change	N 12 Addilio	
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SIGNATURE:

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 02 1997 8:00am

Secretary of State