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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400067932 (1)

TRADELPIAN SPECIALTIES CORPORATION

Deire of seat Dece	to of D minors	Maile	no Addroso				
Principal Place of Business Mailing Address 1401 NORTHEAST 191ST STREET STE. D404 NO. MIAMI BEACH FL 33179 NO. MIAMI BEACH FL 33179-6104							
					2101		
							3. Date Incorporated or Qualified 3a. Date of Last Report 10/14/1996
2. Principal I	Place of Business	2a. M	ailing Address				4. FEI Number Applied For
21		26					65-05 198 18 Not Applicable
Suite Apt	# etc.	27 St	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
City & Sta	ite	City & State					6. Election Campaign Financing \$5.00 May Be
23		28			···		Trust Fund Contribution Added to Fees
Zip	Country Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25 9. Name and Address of Curre	29	ad Assail	30			Florida Statutes Yes No 10. Name and Address of New Registered Agent
	·	ni negisier	ea Agent		81	Name	10. Name and Address of New Registered Agent
	AN, AUSTIN H					Hallio	
	01 NORTHEAST 191ST STREET				82	Street Add	Idress (P.O. Box Number is Not Acceptable)
	ITE D404 PRTH MIAMI FL 33179				83		
NU	KIN MIAMI FL 33178						
1					84	City	FL 85 Zip Code
44 Diversion	I to the recair one of Sections 607.05	02 and 607	1500 Elorida Stat	utor the		named oo	
office or	registered agent, or both, in the State	e of Florida	Such change was	authori	zed by	the corpora	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
l agent. N	am familiar with, and accept the obliq	jations of, S	ection 607.0505, F	Florida S	tatutes	i.	
SIGNATURE	Styropher, appeal or printed name of registered ag		Ali	Otc. Build			guired when reinstaring) DATE
12.	OFFICERS AN				3. 3.	nt signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
III.E	P	U DINLOTO	DELETE		1 TITLE		☐ Change ☐ Addition
NAME	DEAN, AUSTIN H				2 NAME	}	
STREET ADDRESS	A AAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	REET				ADDRESS	
CITY SI-7P	NORTH MIAMI BEACH FL 33					· I	
191E	DELETE			1.4 City-ST-ZIP 2.1 Title		Change Addition	
NAME	DEAN, AUSTIN H			2.2		}	
STREET ADDRESS	A LOAD ALBOOT APPLICATION OF	REET				ADDRESS	
CITY-ST ZIF	MODELLINE DELOU EL AGEZA			2 4 CITY-ST-ZIP		- 1	
Hitt	S DELETE				1 TITLE	11-211	Change Addition
NAME	DEAN, TRESSA B		—		2 NAME		
STREET ADDRESS	A 444 MONTHER OF 464AT AT	REET				ADDRESS	
OTY-ST-ZIP	NORTH MIAMI BEACH FL 33			`	4. CITY - S		
Tilul			DELETE		1 TITLE		Change Addition
NAME				4.	2 NAME		
STHEFT ADDRESS				4	3 STREET	ADDRESS	
€477 - S1 - 7IP					4 CITY-S		
TITLE			☐ DELETE		1 TITLE		Change Addition
BAME .				5.	2 NAME		
STREET ADDRESS						ADDRESS	
CHY-SI-ZIP				1	4 CITY-S	l l	
Tillef			DELETE		1 TITLE		Change Addition
NAME					2 NAME		·
STREET ADDRESS						ADDRESS	
CIEV S1-ZIP					4 CITY-S	- 1	
	aby certify that the information supply	ed with this	liling does not aux				ted In Section 119.07(3)(i), Florida Statutes. I further certify that the

appears in Block 12 or Block 13 it of Sund or on an attachment with an address.

SIGNATURE:

SIGNATURE

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