

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 # **P94000068080 (8)**

1. Corporation Name

GNX TRADING CO.



Principal Place of Business

Mailing Address

**9040 SW 125TH AVE #409
MIAMI FL 33186**

**9040 SW 125TH AVE #409
MIAMI FL 33186**

2. Principal Place of Business

2a. Mailing Address

21 **12324 SW 117 CT.**

26 **9040 SW 125 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **MIAMI, FL**

27 **MIAMI, FL**

City & State

City & State

23 **MIAMI, FL**

28 **MIAMI, FL**

Zip Country **U.S.A.**

Zip Country **U.S.A.**

24 **33186**

25 **FL**

29 **33186**

30 **FL**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/15/1994

3a. Date of Last Report

02/22/1995

4. FET Number

65-0521409

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**

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**TAZKARJI, MAHMOUD
9040 SW 125TH AVE #409
MIAMI FL 33186**

81 Name

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

83

84 City

FL

85 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 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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required with new filings)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **DP**
NAME **TAZKARJI, MAHMOUD**
STREET ADDRESS **9040 SW 125TH AVE #409**
CITY-ST-ZIP **MIAMI FL 33186**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

MAHMOUD TAZKARJI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-96

DATE

(305) 274-4102
ELECTRONIC PHONE #

CR2E034 (12/95)