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

Mailing Address

1007 N. FEDERAL HWY., #146

FT. LAUDERDALE FL 33304-1422

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1007 N. FEDERAL HWY., #146 FT. LAUDERDALE FL 33304



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000070599 (3)

TRADE DEPOT INTERNATIONAL, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 09/26/1994 02/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0521071 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, X Yes 🗌 No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANGULO, OSWALDO E 5540 N.W. 61 AVE. 82 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33067-2707 83 84 Zip Code 85 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. Lans familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Typest or printed can e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) DPS DELETE Change Addition 1.1 TITLE TITLE ANGULO, OSWALDO E 1.2 NAME NAME CR2E034 5540 N.W. 61 AVE. STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL 33067-2707 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME 23 STREET ADDRESS STREET ADDRESS CITY- ST-ZIF 2. 4 City-ST-ZIP DELETE Change ■ Addition 3.1 TITLE TITLE NAME

3.2 NAME 3.3 STREET ADDRESS

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61 TITLE 6.2 NAME

3.4. CITY-ST-ZIP

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6.4 CITY - ST - ZIP 14. 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 or 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 with an address.

SIGNATURE:

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CITY-ST-ZiP

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Secretary of State

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