

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV -1 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000084920 (5)

M.F. GROUP CORP.

N.C. 10/23/99 Multi-Financial World Traders Corp.

Principal Place of Business  
1001 BRICKELL BAY DR  
SUITE 1714  
MIAMI FL 33131

Mailing Address  
1001 BRICKELL BAY DR.  
SUITE 1714  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/21/1994	
4. FEI Number 65-0537189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 1515 N. FEDERAL HWY	26. 1515 N. FEDERAL HWY
22. SUITE # 203	27. SUITE # 203
23. BOCA RATON	28. BOCA RATON
24. 33432	29. 33432
25. Country	30. ALM BEACH

9. Name and Address of Current Registered Agent

FERNANDES, MANUELA  
1515 N. FEDERAL HWY  
SUITE # 203  
BOCA RATON FL.  
33432

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

\*\* 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PD FERNANDES, MANUEL A	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	1001 BRICKELL BAY DR., SUITE 1714	1.2 NAME	
3. CITY-ST-ZIP	MIAMI FL 33131	1.3 STREET ADDRESS	
4. CITY-ST-ZIP		1.4 CITY-ST-ZIP	
5. NAME	[REDACTED]	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS	[REDACTED]	2.2 NAME	
7. CITY-ST-ZIP		2.3 STREET ADDRESS	
8. CITY-ST-ZIP		2.4 CITY-ST-ZIP	
9. NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS		3.2 NAME	
11. CITY-ST-ZIP		3.3 STREET ADDRESS	
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP	
13. NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY-ST-ZIP		4.3 STREET ADDRESS	
16. CITY-ST-ZIP		4.4 CITY-ST-ZIP	
17. NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS		5.2 NAME	
19. CITY-ST-ZIP		5.3 STREET ADDRESS	
20. CITY-ST-ZIP		5.4 CITY-ST-ZIP	
21. NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. STREET ADDRESS		6.2 NAME	
23. CITY-ST-ZIP		6.3 STREET ADDRESS	
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 included 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: MANUEL FERNANDES

4-13-98

(561)-347-9161  
(305)-377-1991  
0178818

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## Multifinancial World Traders Corp

Atrium Financial Center  
1515 North Federal Highway suite 203  
Boca Raton, FL 33432-1954

Tel: (561) 347-9161  
Fax: (561) 347-6693

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OCTOBER 28, 1999

DIVISION OF CORPORATIONS  
ANNUAL REPORT- REINSTATEMENT SECTION  
P.O.BOX 6327  
TALLAHASSEE FL 32314-6327

**RE: DOC.# P97000042093**

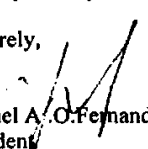
Dear Sir/ Madam,

I have received your notice of administrative dissolution of my Company. I am sorry, I did not received your first or second notice to renew which may be due to my change of address and accountant. Our new address is as stated above. I have contacted your office by phone and was instructed to forward this letter and my check.

I am new to your country and was not aware of your laws, please forgive my ignorance as it is my deepest desire to comply with the your requirements. Enclosed is my check in the amount of \$150.00 for filing fee and a copy of my payment form.

Thank you for your attention.

Sincerely,

  
Manuel A. O. Fernandes  
President