

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90064 047 ***150.00

DOCUMENT # P95000004440

1. Corporation Name
PRODEX TRADING CORP.

Principal Place of Business
9501 FOUNTAINEBLEAU BLVD. #605
MIAMI FL 33172

Mailing Address
9501 FOUNTAINEBLEAU BLVD. #605
MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1995

4. FEI Number

65-0547976

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 9300 NW 25 Street

2a. Mailing Address
26 9300 NW 25 Street

Suite, Apt. #, etc.
22 109

Suite, Apt. #, etc.
27 109

City & State
23 Miami, Florida

City & State
28 Miami, Florida

Zip Country
24 33172 25 USA

Zip Country
29 33172 30 USA

9. Name and Address of Current Registered Agent

FAILACHE, MARCO A
9501 FOUNTAINEBLEAU BLVD. #605
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name
Jose Henrique Marques
82 Street Address (P.O. Box Number is Not Acceptable)
9300 NW 25 Street
83 Suite 109
84 City
Miami FL 85 Zip Code
33172

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 signature required when reinstating)

DATE

04/23/99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
DP	FAILACHE, MARCO A	9501 FOUNTAINEBLEAU BLVD. #605	MIAMI FL 33172	<input type="checkbox"/>
DS	LELIS, MAURICIO	9501 FOUNTAINEBLEAU BLVD. #605	MIAMI FL 33172	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
Vice President	Jose Henrique Marques	9300 NW 25 Street, Ste.109	Miami, Florida 33172	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Jose Henrique Marques	9300 NW 25 Street, Ste.109	Miami, Florida 33172	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	Jose Henrique Marques	9300 NW 25 Street, Ste.109	Miami, Florida 33172	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Jose Henrique Marques	9300 NW 25 Street, Ste.109	Miami, Florida 33172	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/23/99

CR2E034 (11/98)

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