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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000008973 (6)

EXPORTRADE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address	
PO BOX 303 VALRICO FL 33594	PO BOX 303 VALRICO FL 33594	

FILED May 04 1998 8:00am Secretary of State



Principal Piace	e of Business	Mailing Address				
PO BOX 303 VALRICO FL 3	33594	PO BOX 303 VALRICO FL 33594			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address			01/30/1995 4. FEI Number Applied For	
21		26			59-3299960 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			SR 75 Additional	
22	27				5. Certificate of Status Desired Fee Required	
City & State	City & State City & State				6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
	_ '		Count	ry	8. This corporation owes or has paid the current year Intangible	
24	25 Name and Address of Current	29 Registered Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
0.10	· · · · · · · · · · · · · · · · · · ·		8	1 Name	10. Hanne and Hadreds of New Helgisteles Agent	
	EDA, ALDO ESQ 14 NORTH ARMENIA AVE.		-	2 0	Addison (0.0 Da. N. and a district of the dist	
1	TE 350		8:	2 Street A	Address (P.O. Box Number is Not Acceptable)	
	MPA FL 33607		8:	3		
i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8	1 City	85 Zip Code	
1			"	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		وومست المرجع والمعارض				
12.	Signature, typed or proted name of registered agen OFFICERS AND		Hogistered A	gent signature i	required when relinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change	
NAME	DE MMI, EDWARD L MD		1.2 NAME			
STREET ADDRESS	2729 BRIARPATCH DRIVE		1.3 STREE	ET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		1.4 CITY-	S1-ZIP		
TITLE	\$TDV	DELETE	2.1 TITLE		Change Addition	
NAME	Ojeda, angel md		2 2 NAME			
STREET ADDRESS	11660 HIDDEN HOLLOW CIR.		2.3 STHE	T ADDRESS		
CITY-ST-ZIP	TAMPA FL 33635		2. 4 CiTY	-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		L Change L Addition	
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. C/IY 4.1 1/I/LE		Change Addition	
NAME		beech	4.2 NAM		C ondinge C Addition	
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY -			
TITLE		DELETE	5.1 1(TLE		1 mm = 1 m = 1 thange Addition	
NAME			5.2 NAME		1000025108 2 1 ^{thange} Addition -05/05/9801061007	
STREET ADDRESS			5.3 STREE	T ADORESS	***150.00	
CITY-ST-ZIP			5.4 CITY	SĮ-ZIP		
TITLE		☐ DELETE	61 TillE		Change Addition	
NAME			6.2 NAME		JC 5/4	
STREET ADDRESS			6.3 STREE	1 ADDRESS	J > 14	
CITY-ST-ZIP			6.4 CITY-	\$1-7IP	'	

14. Thereby 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 suppliemental 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 13 if changed, in our an allation of the corporation of t