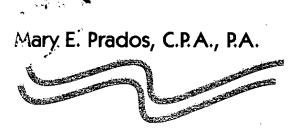
₹2001 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT #** P95000017741 SECRETARY OF STATE DIVISION F CORPORATIONS 1. Entity Name 010CT-4 AM 9:34 EXIM TRADERS, INC. Principal Place of Business Mailing Address 1717 N.Bayshore Drive 1717 N.Bayshore Drive #3256 #3256 100004649361---4---4 -10/23/01--01022--006 Miami, Fl 33152 Miami. Fl 33152 ****150.00 ****150.00 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 15.056 1106 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Dee <u>Anne</u> Treadway Street Address (P.O. Box Number is Not Acceptable)
1717 N. Bayshore Drive Amerilawyer 343 Almeria Ave. #3256 Coral Gables, Fl 33134 City M<u>iami</u> Zip Code 3 3 1 5 2 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 09/24/01 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Considution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition Treadway, Dee Anne 1717 N. Bayshore Drive #3256 NAME STREET ADDRESS STREET ADDRESS OTY-ST-ZIP Miami, Fl 33152 CITY-ST-ZIP ΠŒ Delete TITLE Change Addition NAME NOME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition Change NAME NME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OTY-ST-ZIP TITLE Delete ΠDF Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: anne lativai

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR A



September 24,2001

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: MIAMI MID-CENTURY, INC. / Application & Check Lost by Post Office P00000061626

Dear Sir:

As of today Check # 2720 sent on April 29, 2001, payable to Department of State has not clear our bank and it is outstanding. We have also checked with your office today & you have not received the renewal form & the mentioned check. We believe that check & application were lost in the mail by the Post Office. We kindly request for you at this time to please process our new Application for renewal and our new check enclosed herewith. Stop payment has been issued for lost check.

Please contact me at (305) 538-3443

Best regards,

Mary E. Prados

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