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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000025367 (0)

MUNDI INTERNATIONAL TRADE NET, INC.

Principal Place of Business Mailing Address					{	
2631 E. OAKLAND PARK BLVD. 2631 E. OAKLAND PARK BLVD			ı vn			
1		SUITE 028	LTD.			
FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 3330			-1657	[
				 Date Incorporated or Qualified 03/29/1995 	3a. Date of Last Report 02/29/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FE Number	Applied For	
21 2280	SW 70th Ave	26 2280 SW 70	th Ave	59-3306122	Not Applicable	
Suite, Apt		Suite, Apt. #, etc.	,	5. Certificate of Status Desired	\$8.75 Additioned	
22 Unit				V. Certificate of Citatus Desired	Fee Required	
City & State	· · · · · · · · · · · · · · · · · · ·			6. Election Campaign Financing	\$5.00 May Be	
	ie, FL	28 Davie, F		Trust Fund Contribution	Added to Fees	
Zip	1 m	Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032,				
24 3331	20		30 USA		Yes XXNo	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
CUNHA-NELSON, CARMEN L 81 Name Carmen Cunha						
2631 E. OAKLAND PARK BLVD. 82 Street Address (P.O. Box Number is Not Acceptable)						
SUITE 208 2280 SW 70th Avenue Unit 3						
FT. (LAUDERDALE FL 33306		83			
			94 03		les l'in Cado	
			84 City	avie	FL 85 Zip Code 333317	
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 changed 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.						
office or re	egistored agent, or both, in the State	of Florida. Such change was a	uthorized by the corpora	ation's board of directors. I hereby accept	ot the appointment as registered	
agent 1 am familiar with, and accept the dollgations of Section 60 2005, Florida Statutes.						
SIGNATURE (Quadre, typed or printed hands of repistered agents kit lide it applicable (NOTE: Registered Agent signature required when reinstating) ATE						
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFICE	****	
TITLE	D	DELETE	1.1 YO'LE	7.55(1.51(5,5), 1.11(5.5) (5.5)	Change Addition	
NAME	CUNHA, CARMEN L		1.2 NAME			
	1134 PTE. NEWPORT TERRAC	E SHITE 208				
STREET ADORESS	CASSELBERRY FL 32707	L, OUIL 200	1.3 STREET ADDRESS			
CITY-SF-ZIP	CASSELDERNI PL 32/0/	I locutate	1.4 CITY-ST-ZIP		Change Addition	
TITLE	U OCCAD O	DELETE	21 THLE		Change L Addition	
NAME	CUNHA, CESAR D	F AURE AAA	22 NAME			
STREET ADORESS	1134 PTE. NEWPORT TERRAC	E, SUITE 208	2.3 STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL 32707		2.4 CITY-ST-ZIP			
TITLE	D	XX DELETE	3.1 TITLE		Change Addition	
NAME	STERNER, JAMES		3.2 NAME			
STREET ADDRESS	1532 ARGYLE DRIVE, #3		3.3 STREET ADDRESS		;	
CITY - S1 - ZIP	FT. LAUDERALE FL 33312		3.4. CITY-ST-ZIP			
THLE		DELETE	4.1 TITLE		Change Addition	
NAMÉ			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		İ	
DITY-ST-7IP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE	<u> </u>	Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.8 STREET ADDRESS			
			5.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		Change Addition	
		FT AFFEIT			Company Condition	
NAME			6.2 NAME			
STREET ADORESS			6.3 STREET ADDRESS			
CITY-ST ZIP	ou portify that the information and the	d with this fiting does not at -0.5	6.4 CITY-ST-ZiP	ed in Continu 110 07/0/6 Figure 0	n I further novice that the	
informatio	in indicated on this annual report or s	upplemental annual report is tri	ue and accurate and the	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega	I effect as if made under oath; that	
l am an ol	fficer or director of the corporation or	the receiver or trustee empower	ered to execute this repo	ort as required by Chapter 607, Florida S	tatutes; and that my name	
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 3 if changed, or on an attachment with an address.						
			EDENE ETT POL	lo.	1 0-4300 > 1	

SIGNATURE: CARMEN CUNTY 4/21/97 984-382-177.