

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000026656 (5)

1. Corporation Name

ONLINE INTERNATIONAL TRADE, INC.



Principal Place of Business

1390 S DIXIE HWY
SUITE 2218
MIAMI FL 33146

Mailing Address

1390 S DIXIE HWY
SUITE 2218
MIAMI FL 33146

2. Principal Place of Business

21 7107 NW 50th St.

Suite, Apt., etc.

22

City & State

23 Miami FL

Zip

24 33166

County

25 DADE

2a. Mailing Address

26 SAME

Suite, Apt., etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

WARTENBERG, ERNESTO
1390 S DIXIE HWY
SUITE 2218
MIAMI FL 33146

3. Date Incorporated or Qualified

03/31/1995

3a. Date of Last Report

4. FET Number

65 0567358

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ No ☐ Yes

10. Name and Address of New Registered Agent

81 Name SAME

82 Street Address (P.O. Box Number is Not Acceptable)

7107 NW 50th Street

83

84

City Miami

FL

85

Zip Code 33166

11. Pursuant to the provisions of Section 607.01(2)(a) and 607.01(2)(b), Florida Statutes, the above named corporation, in this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I, Ernesto Wartenberg, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.01(2)(a), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WARTENBERG, ERNESTO
STREET ADDRESS 9273 COLLINS AVE APT 307
CITY-STATE-ZIP MIAMI BEACH FL 33154

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

14. I do hereby certify that the information furnished by this filing is voluntary, true, correct and does not spring from a fraudulent intent. I further certify that the information included in this statement was not obtained from a fraudulent source 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 person or persons who have provided the information in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on a filing herewith.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96 (305) 593-8275

CR2E034 (12/95)