NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE ORPORATION Sandra B. Mortham NUAL REPO Secretary of State DIVISION OF CORPORATIONS 98 DEC 28 PM 3: 47 SECRETARY OF STATE TALLAHASSEE FLORIDA TRADERS ASSOCIATES Mailing Address Principal Place of Business 4611 5 University Dr. STE: 107 Davie, FLORIDA 33328 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 4. FEI Number 2a. Mailing Address Applied For 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired Fee Required: 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Country 8. This corporation owes or has paid the current year Intangible Zip ☐ Yes ☐ No. Personal Property Tax due June 30. 30) 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Giancarlo Hernandez 82 Street Address (P.O. Box Number is Not Acceptable) 4611 5 University Dr. #107 City # 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes. Pursuant to the provisi office or registered ag agent. Lani familiar SIGNATURE (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 40% 12. 4 OFFICERS AND DIRECTORS 13. DELETE . ☐ Change '*\☐! Addition 1.1 TITLE THLE 12 NAME NAME Giancarlo Hernandez juz r24312等等<mark>8</mark> 12/29/98--01015--002 ※ 200002724312* 1.3 STREET ADDRESS STREET 4611 S. University Dr. #107 Davie Florida 33328 1.4 CITY - ST - ZIP CiTY ****350.00 | *****3151.44.00 2.1 TITLE TITLE 22 NAME 2.3 STREET ADDRESS 1 ADDRESS STRE 2. 4 CITY - ST-ZIP ST-ZIP CITY DELETE ! 3.1 TITLE TITLE 3.2 NAME MAM 3.3 STREET ADDRESS STREET LADORESS 34. CITY-ST-ZIP CITY -DELETE 4.1 TITLE TIFLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST DELETE 5.1 TITLE TITLE NAME 5.3 STREET ADDRESS STREET AODRE 5 4 CITY - ST - ZIP CITY - ST - ZIP DELETE 61 TITLE TITLE 6.2 NAME HAME **63 STREET ADDRESS** STREET ADDRESS 6 4 CITY-ST-ZIP Thereby certify that the information surplied 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation of the receiver of trustee empowered to execute the receiver of trustee empowered to exec 14. Thereby certify that the inform

Daytime Phone # ..

Date

Block 12 or Block 13 if

SIGNATURE

n attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TO:DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

FROM:

DOC.

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND A CHECK FOR \$315.00 TO COVER THE THE 1997-98 ANNUAL REPORT. INEVER RECIEVED THE ANNUAL REPORT DO TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS. PLEASE ACCEPT THIS PAYMENT TO COVER THE PROPER FEES FOR THE ANNUAL REPORT. IF YOU SHOUL D HAVE ANY QUESTIONS PLEASE DON'T HESITATE TO CALL AT THE ABOVE MENTIONED ADDRESS. THANK YOU IN ADVANCE FOR YOUR PROMPT RESPONSE IN THIS MATTER.

TRULY YQURS.

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