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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

P95000033330 (8)

INVESTRADE INC.

1. Corporation Name

Principal Place	e of Business	Mailing Address						
2665 S BAYSHORE DR 2665 S BAYSHORE DR SUITE 902 SUITE 902			R					
OOHE OOF		MIAMI FL 33133			3. Date Incorporated or Qualified 04/28/1995	3a. Date o	Last Re	port
2. Principa' P	Place of Business	2a. Mailing Address			4. FEI Number			pplied For
]	26				65-057 6065	Not Applicate		lot Applicable
Suite, Apt. #, etc Suite,		Suite, Apt. #, etc. <b>27</b>	ilte, Apt. #, etc.		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
City & State		City & State	· · · · · · · · · · · · · · · · · · ·		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Ζ <sub>1</sub> μ <b>29</b>	Country 30	:		. <b>⊻</b> No		199.032,
	9. Name and Address of Cu	ırrent Registered Agent			10. Name and Address of New F	Registered Ag	ent	
			81	Name				
ORTIZ, MICHAEL				Street Add	dress (P.O. Box Number is Not Acceptat	ole;		
2665 S BAYSHORE DR				L				
SUITE 902			83	1				
MIAMI FL 33133				City			<b>85</b> Zip	Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,						FL	<u> </u>	
12.	OFFICERS AND DIRECTORS		Oli Respetere I April 13.	et signature regio	ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN			
TLF			t 1 Tillé				Change	Addition
AME			1.2 NAME					
REET ADDRESS				LADORESS				
TY - S' - ZIP	- MIAMI FL 33133-		14 CII 1 -				Change	Addition
TLE	D/P DELETE  Carlos Taboada Gonzalez		2 1 T:FLE 2 2 NAME	!		L.	J	
AME	-/- 2665 Co Par	c/o 2665 So. Bayshore Drive, #902		T ADDRESS				
TREET ADURESS	Miami, FL 33133		1	2 4 CITY - SI - ZIP				
ITY - ST - ZIP		D/S/T DELETE		31-211	Change A		Addition	
IAME	Carlos Taboada A	Araujo	3.2 NAME					
JREET ADDRESS	c/o 2665 So. Bay	shore Drive, #902	3.3 STRE	ET ADERESS				
HTY-SI-ZIP	Miami, FL 33133		3.4 CiTY -	SI - Z.P				
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	\$		4.3 STREE	LEADORGE				
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STREET ADDRESS CITY - ST ZIP TILLE NAME STREET ADDRESS CITY - ST - ZIP	s	☐ DELETE	4.4 CHY- 5.1 T-TLE 5.2 NAME	S1-ZiF EFFADDRESS ST-ZiP			Change	☐ Addition

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

\_DiRECTOR ME O SIGNING OFFICER OR DIRECTOR

DELETE

2/15/96 (305)388-7696

CR2E034 (12/95)