

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000033330 (8)**

1. Corporation Name

INVESTRADE INC.



Principal Place of Business

**2665 S BAYSHORE DR
SUITE 902
MIAMI FL 33133**

Mailing Address

**2665 S BAYSHORE DR
SUITE 902
MIAMI FL 33133**

3. Date Incorporated or Qualified

04/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**ORTIZ, MICHAEL
2665 S BAYSHORE DR
SUITE 902
MIAMI FL 33133**

4. FEI Number

65-057 6065

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 ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 change 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.

SIGNATURE

Signature typed or printed below of registered agent and the applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

~~D~~

☒ DELETE

NAME

~~ORTIZ, MICHAEL~~

STREET ADDRESS

~~2665 S BAYSHORE DR SUITE 902~~

CITY- ST- ZIP

~~MIAMI FL 33133~~

TITLE

D/P

☐ DELETE

NAME

Carlos Taboada Gonzalez

STREET ADDRESS

c/o 2665 So. Bayshore Drive, #902

CITY- ST- ZIP

Miami, FL 33133

TITLE

D/S/T

☐ DELETE

NAME

Carlos Taboada Araujo

STREET ADDRESS

c/o 2665 So. Bayshore Drive, #902

CITY- ST- ZIP

Miami, FL 33133

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

CITY- ST- ZIP

SIGNATURE:

DIRECTOR

2/15/96 (305)388-7696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)