FILED Feb 24, 1999 8:00 am

Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000033330** 1. Corporation Name

INVESTRADE INC.

Principal Place	e of Business	Mailing Address						
1221 BRICKELL AVENUE		1221 BRICKELL AVENUE						
SUITE 1880 MIAMI FL 33131-3259		SUITE 1880 MIAMI FL 33131-3259		DO NOT WRITE IN THIS SPACE				
US		US		3. Date Incorporated or Qualifed				
					04/28/1995			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For		
21		26			65-0576065		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		May Be		
23		28		Trust Fund Contribution Added to Fees				
Zip	Country		Country	/	8. This corporation owes the current year In			
24	25	29 30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered	Agent		
			81	Name				
ORTIZ, MICHAEL			82	Street	Address (P.O. Box Number is Not Acceptable)			
2665 S BAYSHORE DR				1				1
SUITE 902			83				l	1
MIAMI FL 33133			84	City		85 Zip C	ode	ļ
			04	City	FL	_ 00 = 00		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aufhor	nzea ov	rine coro	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appo	changing its i ntment as reg	registered pistered	
SIGNATURE	Signature, typed or printed name of registered agent	nt and title if applicable (NOTE: Regi	stered Age	int signature	required when reinstating) DATE			~
12.			13.		ADDITIONS/CHANGES TO OFFICERS A	1D DIRECTO	RS IN 12	CR2E034 (11/98)
TITLE	P	☐ DELETE	1.1 TITLE			Change	☐ Addition	Ξ
NAME	GONZALEZ, CARLOS T		1.2 NAME		TABOADA CARLOS			8
STREET ADDRESS	ASSA DESCRIPTION OF ALIENDARY ASSAULT		1.3 STREET ADDRESS		,			Ö
CITY-ST-ZIP	1 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.4 CITY-ST-ZIP			1		22
TITLE	VP		2.1 TITLE 2.2 NAME		☑ Chan		☐ Addition	ပ
NAME	ARAVJO, CARLOS T	_			ARAUJO, CARWST.			i
STREET ADDRESS				T ADDRESS	, ,			ł
			2. 4 CITY-					ł
CITY-ST-ZIP			3.1 TITLE	0. 2.	,	Change	Addition	l
1			3.2 NAME			•		
NAME	WIE		3.3 STREET ADDRESS					1
STREET ADDRESS			3.4. CITY-ST-ZIP			•		
CITY-ST-ZIP			4.1 TITLE			Change	Addition	
TITLE	of the contract of the contra		4. 2 NAME	_			عشممتقني	
NAME		1	-	Et address				1
STREET ADDRESS			4.3 STREE			-		

14. I hereby certify that the information supplied 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 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 13 if changed, or on an allaction of the corporation of the receiver of the receiv

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

Change

Change

☐ Addition

☐ Addition