## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000055582 (7)

DOLPHIN TRADING CORPORATION OF MIAMI

## **FILED** Feb 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3069 NORTH WEST 82ND AVENUE 3069 NORTH WEST 82ND AVENUE MIAM! FL 33122 MIAMI FL 33122 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEi Number Applied For 21 26 65-0601713 Not Applicable Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SALDARRIAGA, RICARDO 1550 BRICKELL AVE. #105B Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33129 83 84 City 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 name of registered agent and title if applicable OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ñ DELETE TITLE 1.1 TITLE Change Addition APONTE, GUSTAVO NAME 1.2 NAME 3069 NORTH WEST 82ND AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33122 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP \_\_\_ DELETE ☐ Change ☐ Addition TITI F 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Nalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

14. I hereby certify that the information supplied with this filing do Indicated on this annual report or supplemental annual report officer or director of the corporation or the receiver or trustee of Block 12 or Block 13 if changed, or on an attachment with an d accurate and that my signature shall have the same legal effect as if made under oath; that I am an ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

SIGNATUR

8 (305)477-6352