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FILED

Feb 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000064032 (2)

1. Corporation Name  
NEVCO TRADING, INC.



Principal Place of Business  
1050 92ND STREET  
SUITE 4  
BAY HARBOR ISLANDS FL 33154

Mailing Address  
1050 92ND STREET  
SUITE 4  
BAY HARBOR ISLANDS FL 33154-2700

3. Date Incorporated or Qualified  
08/17/1995

3a. Date of Last Report  
02/05/1996

2. Principal Place of Business  
21 4699 N FEDERAL HWY

2a. Mailing Address  
26 4699 N FEDERAL HWY

4. FEI Number  
65-0602866

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 205

Suite, Apt. #, etc.  
27 205

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State  
23 POMPAÑO BEACH FL

City & State  
28 POMPAÑO BEACH FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip  
24 33064

Country  
25 USA

Zip  
29 33064

Country  
30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVINSON, MARC R  
407 LINCOLN ROAD  
PH-SE  
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name  
NEVIN SHAPIRO

82 Street Address (P.O. Box Number is Not Acceptable)  
4699 N FEDERAL HWY

83

84 City  
POMPAÑO BEACH FL

85 Zip Code  
33064

11. Pursuant to the provisions of Sections 607.0702 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

(NOTE: Registered Agent signature required when reinstating)

1-14-97

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
ADAM, RONNIE  
1050 92ND STREET, #4  
BAY HARBOR ISLANDS FL 33154 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
VICE PRES - SEC  
ADAM, RONNIE  
1050 92nd. ST #4  
BAY HARBOR ISLANDS FL 33154 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
PRES  
NEVIN SHAPIRO  
4699 N FEDERAL HWY  
POMPAÑO BEACH FL 33064 ☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☐ Addition

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97

Date

Daytime Phone #

CR2E034 (9/96)