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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000071024 (0) POCUMENT

STYLE TRADE CORPORATION

FILED Jan 23 1998 8:00am Secretary of State



[
Principal Place of Business Mailing Address								AN HIBIN DRINA PIN	
6963 N.W. B2ND AVENUE MIAMI FL 33166				6963 N.W. 82ND AVENUE MIAMI FL 33166			, DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualified		
							09/14/1995		
. ,	Place of Busin	ness	28. Mailing Address				4. FEI Number Applied For		
21			Suite, Apt. #, etc.				65-0649085		ot Applicable
Suite, Ap	t. #, etc.		27	27			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State			City & State				Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24	Country 25		Zıp	Zip Country 29 30		/	This corporation owes or has paid the cur Personal Property Tax due June 30.	rrent year Inl	
24					501		10. Name and Address of New Registered		
MACHTA, ELIAS 221 N.E. 212 ST.									
N. MIAMI BEACH FL 33179					82	82 Street Address (P.O. Box Number is Not Acceptable)			
					83		<u> </u>		
					84	City		es Zin	Code
					-		FL	. '	
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									
40	Signature, lyped	or printed name of registered a	·····			ent signature requ	ADDITIONS/CHANGES TO OFFICERS AND	DIDECTOR	D IN 40
12.	PVSD	OFFICERS A	ND DIRECTORS	DELETÉ	13. 1.1 1 ITLE	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
NAME		A, ELIAS		otter	1.2 NAME			vhalige	Xouition
STREET ADDRESS		.W. 82ND AVENUE				ADDRESS			
CITY-ST-ZIP	MIAMI F				1.3 STREET ADDRESS 1.4 CITY - ST - ZIP				
TITLE				DELETE	2.1 TITLE	// *"	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME					2.2 NAME				
STREET ADDRESS	;				2.3 STREET	ADDRESS			
CITY-ST-ZIP					2. 4 CITY-	S1-ZIP			
TITLE	1			☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	ME				3.2 NAME				
STREET ADDRESS					3.3 STREET	ADDRESS			
CITY-ST-ZIP					3.4 CITY-	ST-ZIP			
TITLE				☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME					4. 2 NAME				
STREET ADDRESS					4.1 STREFT	- 1			1
CITY-ST-ZIP	 			POPLETE	4. CITY - S	ST - ZIP		Characa	
TITLE				DELETE	5 HAME	1		Change	Addition
NAME CIPICIT ANNOISS				5. NAME	AUDRECO				
STREET ADDRESS	`				5.4 City - S	ADDRESS			1
CITY-ST-ZIP TITLE	 			DELETÉ	6.1 TITLE	יי-בור		Change	Addition
NAME					6.2 NAME				
STREET ADDRESS					6.3 STREET	ADDRESS			
CITY-ST-ZIP					6.4 CITY - S	l.			

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 at officer or director of the corporation or the receiver or justoe 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 attractory any with an address.