## P95000085157

(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
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Certified Copies Certificates of Status
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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: XEBEC TRADE FINANCE CORP. (Name of Corporation)
DOCUMENT NUMBER: P95 0000 85157
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MITCHELL TRESS (Name of Contact Person)
XEBEC TRADE FINANCE CORP. (Firm/Company)
7910 NW 56 STREET (Address)
DORAL, FL 33166 (City/State and Zip Code)
For further information concerning this matter, please call:
MITCHELL TRESS at (305) 592-5544  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section  Street Address: Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (8/05)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: XEREC   RADE FINANCE CORP.
2. The principal office address: 7910 NW 56 STREET
DORAL, FL 33166  3. The mailing address (if different):
4. Date of incorporation/qualification: 10 31/1995 Document number: P950000 85157
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
MITCHELL TRESS
6055 NW 82 Nd AVENUE 3 E
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MITCHELL TRESS
6400 SW 106 STREET (P.O. Box NOT acceptable)
MIAMI, FL 33156
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer or director)  MITCHELL TRESS SD  (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
MANUAL MANUAL DZ 19 2009 (Signature of Registered Agent) 02 19 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314