

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

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000092330 (6)

1. Corporation Name
LETUNICH TRADE, INC.

Principal Place of Business

1915 BRICKELL AVE., APT. C-1011
BRICKELL PLACE - PHASE II
MIAMI FL 33129

Mailing Address

1915 BRICKELL AVE., APT. C-1011
BRICKELL PLACE - PHASE II
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1995

4. FEI Number

65-0648164

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1915 BRICKELL AV. C-1011

26 1915 BRICKELL AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1011

27 C-1011

City & State

City & State

23 MIAMI FLORIDA

28 MIAMI FLORIDA

Zip

Zip

24 33129

29 33129

Country

Country

25 NONE

30 NONE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLANK, ROBERT H
ONE BISCAYNE TOWER, STE. 3636
2 S. BISCAYNE BLVD.
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LETUNICH, NIKO
STREET ADDRESS 1915 BRICKELL AVE., APT. C-1011
CITY-ST-ZIP MIAMI FL 33129 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME LETUNICH, MARIA VICTORIA V
STREET ADDRESS 1915 BRICKELL AVE., APT. C-1011
CITY-ST-ZIP MIAMI FL 33129 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME LETUNICH, MARIA V
STREET ADDRESS 1915 BRICKELL AVE., APT. C-1011
CITY-ST-ZIP MIAMI FL 33129 ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

14. I hereby certify that the information reported 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 a 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 change of control information is provided with an address.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #

DATE

CR2E034 (10/97)