

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000095606 (6)

1. Corporation Name

WORLD TRADE GROUP, INCORPORATED



Principal Place of Business

10912 MAJURO DR
JACKSONVILLE FL 32246

Mailing Address

10912 MAJURO DR
JACKSONVILLE FL 32246

3. Date Incorporated or Qualified

12/18/1995

3a. Date of Last Report

2. Principal Place of Business

21 1409 Kingsley Ave

2a. Mailing Address

25 Same as # 21

4. FEI Number

59-3352948

Applied For

Not Applicable

22 Suite Apt. #, etc.

7A

27 Suite Apt. #, etc.

Same # 22

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

ORANGE PARK, FL

28 City & State

Same as # 23

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

32073

25 Country

CLAY

29 Zip

Same # 24

30 Country

Same # 25

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SARMIR, FRANK J
10912 MAJURO DR
JACKSONVILLE FL 32246

81 Name
DR. KEVIN VERA

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

83

84 City ORANGE PARK, FL 85 Zip Code 32065

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: *Kevin Vera*

Kevin Vera

April 29, 1996

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SARMIR, FRANK J
STREET ADDRESS 10912 MAJURO DR
CITY-ST-ZIP JACKSONVILLE FL 32246

☐ DELETE

TITLE "D"
NAME DR. KEVIN VERA
STREET ADDRESS 519 Leewood Court
CITY-ST-ZIP ORANGE PARK, Florida

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: *Kevin Vera*

Kevin Vera

April 29, 1996

904-269-7454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)