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Mar 24 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 # P96000016742 (4)

1. Corporation Name
T-MAX TRADING, INC.



Principal Place of Business
0651 SW 119 COURT
MIAMI FL 33186

Mailing Address
0651 SW 119 COURT
MIAMI FL 33186-2070

3. Date Incorporated or Qualified
02/22/1996

3a. Date of Last Report

2. Principal Place of Business
21 8909 S.W. 113 PL. CIRCLE WEST
Suite, Apt. #, etc.

4. FEI Number
65-0642718

Applied For
Not Applicable

22 City & State
23 MIAMI, FL 33176

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 33176 25 U.S.A.

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

26 33176 27 U.S.A.

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

ARCOS, LUIS M
0651 SW 119 COURT
MIAMI FL 33186

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 (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCOS, LUIS M	1.2 NAME	
STREET ADDRESS	0651 SW 119 COURT	1.3 STREET ADDRESS	8909 SW 113 PL. CIRCLE WEST
CITY - ST - ZIP	MIAMI FL 33186	1.4 CITY - ST - ZIP	MIAMI, FLA. 33176
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VICE-PRESIDENT
STREET ADDRESS		2.3 STREET ADDRESS	LOURDES M. ARCOS
CITY - ST - ZIP		2.4 CITY - ST - ZIP	8909 SW 113 PL. CIRCLE WEST
TITLE		3.1 TITLE	MIAMI, FLA. 33176
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: 3-18-97 305-270-2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)