

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90070 004 ***150.00

DOCUMENT # P96000019227

1. Corporation Name

INDUSEL TRADING CORPORATION

Principal Place of Business

1851 SOUTH OAK HAVEN CIRCLE
NORTH MIAMI BEACH FL 33179

Mailing Address

1851 SOUTH OAK HAVEN CIRCLE
NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1996

4. FEI Number

65-0739846

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 the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1672 NE 194 ST

Suite, Apt. #, etc.

22 City & State

23 NORTH MIAMI BEACH, FL

Zip

24 33179

Country

25 DADE

2a. Mailing Address

26 1672 NE 194 ST

Suite, Apt. #, etc.

27 City & State

28 NORTH MIAMI BEACH FL

Zip

29 33179

Country

30 DADE

9. Name and Address of Current Registered Agent

HIMMELSTEEN, CARLOS
1851 SOUTH OAK HAVEN CIR
N MIAMI BCH FL 33179

10. Name and Address of New Registered Agent

81 Name

82 Himmelseen CARLOS

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

1672 NE 194 ST

84 City

NORTH MIAMI BEACH

FL

85 Zip Code

33179

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

2/26/99

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME HIMMELSTEEN, CARLOS
STREET ADDRESS 1851 SOUTH OAK HAVEN CIRCLE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/T/D ☒ Change ☐ Addition

1.2 NAME HIMMELSTEEN, CARLOS

1.3 STREET ADDRESS 1672 NE 194 ST

1.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/99

CR2E034 (11/98)