

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 02 1997 8:00am
Secretary of State

DOCUMENT # P96000019280

Corporation Name

INTEROCEAN TRADING CORP.

Principal Place of Business

51 BRICKELL KEY DRIVE
SUITE 400
MIAMI FL 33131

Mailing Address

501 BRICKELL KEY DRIVE
SUITE 400
MIAMI FL 33131-2624
US

3. Date Incorporated or Qualified

03/01/1996

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

Principal Place of Business

Suite, Apt., etc.

City & State

Zip

County

25

2a. Mailing Address

26 8440 Harding Avenue

Suite, Apt., etc.

27 Suite 2

City & State

28 Miami Beach, Florida

Zip

29 33141

Country

30 U.S.A.

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 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

SLOSBERGAS, NELSON
501 BRICKELL KEY DRIVE
SUITE 400
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

I, pursuant to the provisions of Sections 607.0302 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent's address in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and I will accept the obligations of Section 607.0303, Florida Statutes.

SIGNATURE

Signature of Registered Agent or the Corporation

NOTE: Registered agent signature required when registering.

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: BLAKENEY, PETER W.
2. STREET ADDRESS: 8440 Harding Avenue, Suite 2
3. CITY-STATE-ZIP: Miami, Beach, Florida 33141

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2. NAME: BLAKENEY, LETICIA W.
3. STREET ADDRESS: 8440 Harding Avenue, Suite 2
4. CITY-STATE-ZIP: Miami Beach, Florida 33141

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3. NAME: [Blank]
4. STREET ADDRESS: [Blank]
5. CITY-STATE-ZIP: [Blank]

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4. NAME: [Blank]
5. STREET ADDRESS: [Blank]
6. CITY-STATE-ZIP: [Blank]

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5. NAME: [Blank]
6. STREET ADDRESS: [Blank]
7. CITY-STATE-ZIP: [Blank]

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6. NAME: [Blank]
7. STREET ADDRESS: [Blank]
8. CITY-STATE-ZIP: [Blank]

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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***550.00

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: