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Apr 09 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 # P96000028429 (4)

1. Corporation Name

WE TRADE INTERNATIONAL CORP.

Principal Place of Business

5090 N.W. 74TH AVE.  
MIAMI FL 33166

Mailing Address

5090 N.W. 74TH AVE.  
MIAMI FL 33166-5551

3. Date Incorporated or Qualified

04/02/1996

3a. Date of Last Report

2. Principal Place of Business

21 9886 HAMMOCKS BLVD.

Suite, Apt. #, etc.

22 SUITE # 102

City & State

23 MIAMI, FLORIDA

Zip

24 33196

Country

25 USA

2a. Mailing Address

26 9886 HAMMOCKS BLVD

Suite, Apt. #, etc.

27 SUITE # 102

City & State

28 MIAMI, FLORIDA

Zip

29 33196

Country

30 USA

4. FEI Number

65-0661092

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CALLEJA, AUGUSTO  
5090 N.W. 74TH AVE.  
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

AUGUSTO CALLEJA

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

9886 HAMMOCKS BLVD

83

SUITE 102

84 City

MIAMI

FL

85 Zip Code

33196

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

TITLE D  
NAME CALLEJA, AUGUSTO  
STREET ADDRESS 5090 N.W. 74TH AVE.  
CITY-ST-ZIP MIAMI FL 33166 ☒ DELETE

TITLE D  
NAME CASTILLO, ALVARO  
STREET ADDRESS 5090 N.W. 74TH AVE.  
CITY-ST-ZIP MIAMI FL 33166 ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 D  
1.2 NAME CALLEJA, AUGUSTO  
1.3 STREET ADDRESS 9886 HAMMOCKS BLVD, SUITE 102  
1.4 CITY-ST-ZIP MIAMI, FL 33196 ☒ Change ☐ Addition

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

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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-97 (305) 385-4293

Date

Daytime Phone #

0227785

CR2E034 (9/96)