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Apr 08 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 # P96000032988 (3)

1. Corporation Name
TRADING TEX, INC.



Principal Place of Business
4039 CRAWFORD AVENUE
MIAMI FL 33133
NEW
4149 BONITA AVENUE
MIAMI, FL 33133.

Mailing Address
4039 CRAWFORD AVENUE
MIAMI FL 33133-6124
NEW
4149 BONITA AVENUE
MIAMI FL 33133.

3. Date Incorporated or Qualified
04/16/1996
3a. Date of Last Report
FIRST
4. FEI Number
65-0693676
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

ARANGO, JUAN F
4039 CRAWFORD AVENUE
MIAMI FL 33133
NEW
4149 BONITA AVE.
MIAMI, FL 33133

10. Name and Address of New Registered Agent

81 Name
ARANGO, JUAN F.
82 Street Address (P.O. Box Number is Not Acceptable)
4149 BONITA AVE.
83
84 City
MIAMI
FL 85 Zip Code
33133

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ARANGO, JUAN F
4039 CRAWFORD AVENUE
MIAMI FL 33133
NEW
4149 BONITA AVE
MIAMI FL 33133
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LLANO, PILAR M
4039 CRAWFORD AVENUE
MIAMI FL 33133
NEW
4149 BONITA AVE
MIAMI, FL 33133
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SANCHEZ, LUIS E
4039 CRAWFORD AVENUE
MIAMI FL 33133
NEW
4149 BONITA AVE
MIAMI, FL 33133
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PD.
ARANGO, JUAN F.
4149 BONITA AVE
MIAMI FL 33133.
Change ☒ Addition ☐
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
LLANO, PILAR M.
4149 BONITA AVE.
MIAMI FL 33133.
Change ☒ Addition ☐
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
SANCHEZ, LUIS E.
4149 BONITA AVE.
MIAMI, FL 33133
Change ☒ Addition ☐
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change ☐ Addition ☐
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change ☐ Addition ☐
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change ☐ Addition ☐

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0176943

CR2E034 (9/96)