

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

FILED

Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000054183 (4)

1. Corporation Name:

NORTHBOUND TRADING CORP.

Principal Place of Business

~~9 ISLAND AVE.~~
~~APT. 510~~
MIAMI BEACH FL 33139
US

Mailing Address

4770 BISCAYNE BLVD. STE 1110
MIAMI FL 33137-3251



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1996

4. FEI Number

65-0686450

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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1521 Alton Rd., #273

Suite, Apt. #, etc.

22 ---

City & State

23 Miami Beach, FL

Zip

24 33139

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

CATURLA, GEORGE D ESQ.
4770 BISCAYNE BLVD. STE 1110
MIAMI FL 33137-3251

10. Name and Address of New Registered Agent

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

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 PDS
NAME OGLY, FEDERICO D
STREET ADDRESS 9 ISLAND AVE. STE 510
CITY-ST-ZIP MIAMI BEACH FL
☐ DELETE

TITLE VPD
NAME OGLY, ALBERTA D
STREET ADDRESS AUVRIDO ANTOR PHILLIPES
CITY-ST-ZIP MARACAY AR
☒ DELETE

TITLE D
NAME ACOSTA, JAFET
STREET ADDRESS CALLE 33, AVENIDA 31, EOTICIO RENTAL #8
CITY-ST-ZIP ACARIQUA PO
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 PDS
1.2 NAME Ogly, Federico D.
1.3 STREET ADDRESS 1521 Alton Rd. #273
1.4 CITY-ST-ZIP Miami Beach, Fla. 33139
☒ Change ☐ Addition

2.1 TITLE Stevenson Rivas, Yalizett
2.2 NAME Del Valle(VP)
2.3 STREET ADDRESS 1521 Alton Rd., #273
2.4 CITY-ST-ZIP Miami Beach, Fla. 33139
☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ 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 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

FEDERICO OGLY

4/8/98

306 174 1785

CR2E034 (10/97)