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Mar 05 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 # P96000082557 (5)

1. Corporation Name  
VERTEX TRADING CORPORATION

Principal Place of Business  
7875 NW 12TH ST. STE 109  
MIAMI FL 33126

Mailing Address  
7875 NW 12TH ST. STE 109  
MIAMI FL 33126-1815



3. Date Incorporated or Qualified 10/07/1996  
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0698688

Applied For  
Not Applicable

21 Suite Apt. #, etc.

26 Suite Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PICANS, RENE  
13315 SW 98TH PLACE  
MIAMI FL 33176

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 of person or persons authorized to act as a registered agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11 TITLE	Jose A. Picans	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	President	
13 STREET ADDRESS	13315 SW 98 Pl	
14 CITY-STATE-ZIP	Miami, FL 33176	
21 TITLE	VP/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Carlos A. Hoffman Jr.	
23 STREET ADDRESS	15200 SW 82 Ave	
24 CITY-STATE-ZIP	Miami, FL 33157	
31 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	REne Picans	
33 STREET ADDRESS	13315 SW 98 Pl	
34 CITY-STATE-ZIP	Miami, FL 33176	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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 on an attachment with an address.

SIGNATURE:

Jose A. Picans

2/26/97

471-7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)