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

| PROFIT · CORPORATION ANNUAL REPORT **1999** | | FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

**FILED**
**Feb 23, 1999 8:00 am**
**Secretary of State**
02-23-1999 90096 020 ***158.75

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## DOCUMENT # P96000082557

**1. Corporation Name**

**VERTEX TRADING CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 7875 NW 12TH ST. STE 109 SUITE 103 MIAMI FL 33126 US | 7875 NW 12TH ST. STE 109 SUITE 103 MIAMI FL 33126 US |

**3. Date Incorporated or Qualifed**
**10/07/1996**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 15200 SW 81 Avenue | 26 15200 SW 81 Avenue |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Miami, Florida | City & State 28 Miami, Florida |
| Zip 24 33157 Country 25 USA | Zip 29 33157 Country 30 USA |

**4. FEI Number**
65-0698688 — Applied For / Not Applicable

**5. Certifcate 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 the current year Intangible Personal Property Tax.** ☐ Yes ☐ No

DO NOT WRITE IN THIS SPACE

### 9. Name and Address of Current Registered Agent

PICANS, RENE
13315 SW 98TH PLACE
MIAMI FL 33176

### 10. Name and Address of New Registered Agent

| 81 | Name Maria Hoffman Guardia |
|---|---|
| 82 | Street Address (P.O. Box Number is Not Acceptable) 15200 SW 81 Avenue |
| 83 | |
| 84 | City Miami, Florida  FL  85 Zip Code 33157 |

**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 *Maria Guardia* — Maria Hoffman Guardia – VP — 1/8/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE

CR2E034 (11/98)

| 12. OFFICERS AND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE PS | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME HOFFMAN, CARLOS A JR | | 1.2 NAME | | |
| STREET ADDRESS 15200 SW 82 AVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP MIAMI FL | | 1.4 CITY-ST-ZIP | | |
| TITLE VP | ☒ DELETE | 2.1 TITLE | V | ☐ Change ☒ Addition |
| NAME PICANS, JOSE A | | 2.2 NAME | Maria Hoffman Guardia | |
| STREET ADDRESS 13315 SW 98 PL | | 2.3 STREET ADDRESS | 15200 SW 81 Avenue | |
| CITY-ST-ZIP MIAMI FL | | 2.4 CITY-ST-ZIP | Miami, Florida 33157 | |
| TITLE D | ☒ DELETE | 3.1 TITLE | D | ☐ Change ☒ Addition |
| NAME PICANS, RENE | | 3.2 NAME | Juan David Hoffman | |
| STREET ADDRESS 13315 SW 98 PL | | 3.3 STREET ADDRESS | 15200 SW 81 Avenue | |
| CITY-ST-ZIP MIAMI FL | | 3.4 CITY-ST-ZIP | Miami, Florida 33157 | |
| TITLE | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

**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, with all other like empowered.

**SIGNATURE:** *Carlos* — Carlos A. Hoffman Jr — 1/8/99 — (305) 278-0788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #