

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

FILED
Oct 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000082675 (5)**

1. Corporation Name

I.T.C. TRADING INC.

Principal Place of Business

**1986 NW 82 AVE
MIAMI FL 33126
US**

Mailing Address

**1986 NW 82ND AVE
MIAMI FL 33126
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1996

4. FEI Number

65-0698948

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 **13755 SW 160th St.**

Suite, Apt. #, etc.

22 City & State
MIAMI, FL

23 Zip Country
33177 U.S.

24

25

2a. Mailing Address

26 **13755 SW 160th St.**

Suite, Apt. #, etc.

27 City & State
MIAMI, FL

28 Zip Country
33177 U.S.

29

30

9. Name and Address of Current Registered Agent

**VARGAS, CANDIDA
1986 NW 82 AVE
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name

Evaldo Rufino

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

13755 SW 160th Street

83

84

City **MIAMI,**

FL

85 Zip Code
33177

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, registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/19/98

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP

**PTD
RUFINO, REJANE
10234 NW 57 CT
MIAMI FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

**VSD
RUFINO, EVALDO
10234 NW 57TH CT
MIAMI FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

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☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

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 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

CR2E034 (10/97)