SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Aug 25 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000087522 (4)

TRIDENT TRADING AND EXPORT, INC.

Principal Place of Business Mailing Address						
5722 S. FLAMINGO RD., STE. 205		5722 S. FLA	5722 S. FLAMINGO RD., STE. 205			
COOPER CITY FL \$3330		COOPER CITY FL 33330				
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a, Date of Last Report
2. Principal P	Place of Business	2a, Mailing A	Address			10/23/1996 4. FEI Number Applied For
21			26			650691876 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & Stat	0	 	City & State			6. Election Campaign Financing \$5.00 May Be
23 Tip	Country	_ + +	28			Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip	Countr 30		•	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24]	9. Name and Address of Curre			<u> </u>	·	10. Name and Address of New Registered Agent
IAI.	MES, TIMOTHY	· 9		81	Name	
5722 S. FLAMINGO RD., STE. 205				82	Stroot	Address (P.O. Box Number is Not Acceptable)
	OPER CITY FL 33330			02	3110007	Address (r.O. Box Mulliper is Not Addeptable)
				83		
				84	City	85 Zip Code
44 5	40-0-0-0-	00 1007 1100 1	1 11 6/1/			FL `
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 agont, 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.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered as	nent and title it annicable	(NOTE: F	logistered And	ent signature	required when reinstating) DATE
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	Ε	DELETE	1.1 TITLE	1	Change Addition
NAME	ARENA, ANTHONY			1.2 NAME	- 1	
STREET ADDRESS	5722 S. FLAMINGO RD., STE	E. 20 5	1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33330		1	1.4 CITY - S	T-ZIP	
TITLE			2.1 TITLE		Change Addition	
NAME			2.2 NA			
STREET ADDRESS				2.3 STREET	[
CITY-ST-ZIP TITLE	<u></u>		DELETE	2. 4 CITY - 5 3.1 TITLE	51 - ZIP	Change Addition
NAME		L.	Joecen	3.2 NAME		Culturge C Administra
STREET ADDRESS				3.3 STREET	ADDRESS	
CITY-ST-ZIP				3.4. CITY- 5		
TITLE			DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET	ADDRESS	
CITY-ST-ZIP				4.4 CITY-S	T - ZIP	
TITLE			DELETE	5.1 TITLE		Change Addition
NAME	٠.			5.2 NAME		
STREET ADDRESS	ξ.			5.3 STREET	ADDRESS	
CITY-ST-ZIP			1 000000	5.4 CHY-S	1 - ZIP	
TITLE		L] DELÉTÉ	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET	ADDRESS	

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 of Block 13 if changed, or on an attachment with an address.