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PROFIT CORPORATION ANNUAL REPORT

1997

information indicated on this ar I am an officer or director of the appears in Block 12 or Block



FLORIDA DEPARTMENT OF STATE

FILED

Feb 25 1997 8:00am

Secretary of State

(96/6)

CR2E034

305-637-0777

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000092932 (8)

TRADE SALES CHARTERING, INC.

Principal Place of Business Mailing Address 3701 NW SO RIVER DRIVE 3701 NW SO RIVER DRIVE MIAMI FL 33142-6224 MIAMI FL 33142 3. Date Incorporated or Qualified 3a. Date of Last Report 11/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-07 26 Not Applicable Suite, Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199,032, 29 Florida Statutes Yes No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name JOSEPH. WINSTON 3701 NW SO RIVER DRIVE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33142** В3 84 City Zip Code visions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 with, and through the appointment as registered with and through the appointment as registered with a statute of the appointment as a st 11. Pursuant to the pro office or registers agent Lam familia FREDY-ALVARODO SECRE \AR SIGNATURI (NOTE: Flegislered Age OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE Joseph, Winston NAME 1.2 NAME 3701 NW SO RIVER DRIVE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33142** 1.4 CITY-ST-ZIF City - St - ZIP VD DELETE Change Addition TITLE 2.1 TITLE RODRIGUEZ, ALBERTO NAME 2.2 NAME 3701 NW SO RIVER DRIVE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CITY - ST - 7th 2 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE ALVARADO, FREDY NAME 3.2 NAME 3701 NW SO RIVER DRIVE STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33142** City - S1 - 7IP 3.4. CITY-ST-2IP DELETE Change Addition TILE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-ST-ZIP CITY - ST - ZIP DELETE Addition 51 TITLE THLE NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS 54 CITY-ST-ZIP 0/1Y-\$1-7P Addition DELETE Change THE 61 TITLE NAME 6.2 NAME STREET ATIORESS 6.3 STREET ADDRESS CHTY - ST - ZIF 6.4 City-ST-ZIP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

al 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 orporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name if changed, or on an attachment with an address.