

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 03 1998 8:00am
Secretary of State

DOCUMENT # P96000097682 (4)

1. Corporation Name

THE PROFESSIONAL INTERNATIONAL TRADE NETWORK, INC.
C.



Principal Place of Business

Mailing Address

3500 NORTH STATE ROAD 7
SUITE 100
LAUDERLAKES LAKES FL 33319

3500 NORTH STATE ROAD 7
SUITE 100
LAUDERLAKES LAKES FL 33319

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 441 South State Road 7

Suite/Apt #, etc.

22 12

City & State

23 MARGATE FL

24 33068 25 USA

2a. Mailing Address

26 441 South State Road 7

Suite/Apt #, etc.

27 12

City & State

28 MARGATE FL

29 33068 30 USA

3. Date Incorporated or Qualified

11/21/1996

4. FEI Number

65-0710221

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

9. Name and Address of Current Registered Agent

RODRIGUEZ, MIGUEL J
4801 SOUTH UNIVERSITY DRIVE
SUITE 302W
DAVIE FL 33228

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WEIN, MICHAEL
STREET ADDRESS 3500 NORTH STATE ROAD 7
CITY-ST-ZIP LAUDERLAKES LAKES FL 33319 ☒ DELETE

TITLE VD
NAME COLOYAN, EDWARD
STREET ADDRESS 3500 NORTH STATE ROAD 7
CITY-ST-ZIP LAUDERLAKES LAKES FL 33319 ☒ DELETE

TITLE STD
NAME WEIN, ELLEN
STREET ADDRESS 3500 NORTH STATE ROAD 7
CITY-ST-ZIP LAUDERLAKES LAKES FL 33319 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME WEIN, MICHAEL
1.3 STREET ADDRESS 441 S. STATE ROAD 7, Suite 12
1.4 CITY-ST-ZIP MARGATE, FL 33068 ☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME COLOYAN, EDWARD
2.3 STREET ADDRESS 441 South State Road 7, Suite 12
2.4 CITY-ST-ZIP MARGATE FL 33068 ☒ Change ☐ Addition

3.1 TITLE STD
3.2 NAME WEIN, ELLEN
3.3 STREET ADDRESS 441 S. State Road 7, Suite 12
3.4 CITY-ST-ZIP MARGATE, FL 33068 ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Michael Wein President 3/30/98 954-975-7788

CR2E034 (10/97)