## 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

DOCUMENT # P97000000671 (2)

VENDTRADE, INC.

**FILED** Apr 16 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							143 MAINA MINISTERA	181 1181 1881
501 EAST KENNEDY BLVD LUCIUS M DYAL, JR						1		
SUITE 1400		P.O. BOX 3324				DO NOT WRITE IN THIS SPACE		
TAMPA FL	33802	TAMPA FL 33601				3. Date Incorporated or Qualified		
						01/03/1997		
2. Principal Place of Business 2a. Mailing Address						4, FEI Number	T A	pplied For
21		26				59-3430820		ot Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.							Additional
22 27						5. Certificate of Status Desired		equired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country			8. This corporation owes or has paid the co	urrent year In	tangible
24	25 29 30		30			□No		
	g. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered	l Agent	
ם	YAL, LUCIUS M JR		-	81 I	Name			
501 EAST KENNEDY BLVD			<u> </u>	62 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 1400			Ľ	`	J. 1001 7 1001 0			
TAMPA FL 33602			[i	63				
			-  -	<b>64</b> (	City		<b>85</b> Zip	Code
						Fi		
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								
Stynature, typed or printed name of registered agent and title it applicable (NOTE Re					signature required	d when reinstating) DATE		
12.	OFFICERS AND DIRECTORS  DELETE		13.	<del></del>		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	, U			1.1 TITLE			Change	Addition
NAME	YUNG, WELLINGTON		1.2 NA					
STREET ADDRESS				EET AD	- ł			ľ
CITY - ST - ZIP	TAMPA FL 33602	D priete	1.4 CHY-ST-ZIP		ZIP		[ ] At	[ ] . i.es
TITLE	D	☐ DELETÉ		2.1 TITLE			Change	Addition
NAME	SUNG, JOSEPH			2.2 NAME				
STREET ADDRESS	***************************************		2.3 STREET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33602	Tlasters		2. 4 CITY - ST - ZIP			Па:	T 1 (100)
TITLE	D DELETE			3.1 TITLE			☐ Change	Addition
NAME	CARNEIRO, ANTONIO F		3.2 NA					
STREET ADDRESS				3.3 STREET ADDRESS				j
CITY-ST-ZIP	TAMPA FL 33602			3.4. CITY-ST-ZIP				
TITLE	DELETE			4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NA		1			j
STREET ADDRESS	5		4.3 STR					
CITY-ST-ZIP		T7	4.4 C(T)	_	ZIP			
TITLE		☐ DELETE	5.1 T(T)				Change	Addition
NAME	İ		5.2 NAA					
STREET ADDRESS	s		5.3 STR	EET AD	DRESS			
CITY-ST-ZIP		The state of the s	5.4 CIT		ZIP .			
TITLE		DELETE	6.1 TITU	E			☐ Change	Addition
NAME			6.2 NAN	Æ				
STREET ADDRESS	s		6.3 STR	EET AD	ORESS			
CITY-ST-ZIP	1		6.4 CIT	Y-ST-Z	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 suppliemental 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 roceiver 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.

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