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May 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # *NORTH AMERICAN TRADE EQUIPMENT, INC.,*
1. Corporation Name
P97000016408 8505 NW 29 ST.
MIAMI, FL 33122

Principal Place of Business Mailing Address
8505 NW 29 ST. *8505 NW 29 ST.*
MIAMI, FL 33122 *MIAMI, FL 33122*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 *8505 NW 29 ST* 26 *8505 NW 29 ST*
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 *MIAMI, FL* 28 *MIAMI, FL*
Zip Country Zip Country
24 *33122* 25 *DADE* 29 *33122* 30 *DADE*

3. Date Incorporated or Qualified
2/20/97
4. FEI Number *65-0734686* Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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
AGUIAR, ALEXANDER
2229 NW 79 AV
MIAMI, FL 33126
10. Name and Address of New Registered Agent
81 Name *EDUARDO PEREZITENI*
82 Street Address (P.O. Box Number is Not Acceptable)
8505 NW 29 ST
83
84 City *MIAMI* FL 85 Zip Code
33122

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, on 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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME *AGUIAR, ALEXANDER* 1.2 NAME
STREET ADDRESS *2229 NW 79 AV* 1.3 STREET ADDRESS
CITY-ST-ZIP *MIAMI, FL 33126* 1.4 CITY-ST-ZIP
TITLE ☐ DELETE 2.1 TITLE ☐ Change ☒ Addition
NAME *PEREZITENI, EDUARDO* 2.2 NAME
STREET ADDRESS *8505 NW 29 ST* 2.3 STREET ADDRESS
CITY-ST-ZIP *MIAMI, FL 33122* 2.4 CITY-ST-ZIP
TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4 CITY-ST-ZIP
TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 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 *[Signature]*

CR2E034 (10/97)