**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700030542

1. Corporation Name

TRADEX IMPORT & EXPORT, INC.

Principal Place of Business

Mailing Address

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90184 038 \*\*\*150.00



326 N.E. 6TH STREET #1 HALLANDALE FL 33009	326 N.E. 6TH STREET #1 Hallandale Fl 33009			DO NOT WRITE IN THIS	VRITE IN THIS SPACE			
				3.	Date Incorporated or Qualifed 04/03/1997			
2. Principal Place of Business	2a. Mailing Address 26 326 NE 6 <sup>+1</sup>	, δ	Lu.	4.	FEI Number 65-0741547		Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2			5.	Certifcate of Status Desired		.75 Additional ee Required	
City & State  3 Hellendele, FL	City & State	F	L	6.	Election Campaign Financing Trust Fund Contribution	•	.00 May Be ded to Fees	
Zip 33 wog Country US	2ip 33009 30 Cc	untry	FL	8.	This corporation owes the current year In Personal Property Tax.	tangible		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
BOBOSCA, NICOLAE		81	Name				4 <u>.</u>	
326 N.E. 6TH STREET #1	REET #1 Street Address (P.O. Box Number is Not Acceptable)							
HALLANDALE FL 33009		83						
		84	City		FL	85	Zip Code	
11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the St agent. I am familiar with, and accept the ob-	ate of Florida. Such change was authorize	ed by	the corporation	oration n's bo	n submits this statement for the purpose of pard of directors. I hereby accept the appo	changi intment	ng its registered as registered	

SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE: R	egistered Agent signature re	equired when reinstating) DATE	=				
12.	OFFICERS AND DIREC		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition			
NAME	BOBOSCA, NICOLAE		1.2 NAME						
STREET ADDRESS	326 N.E. 6TH STREET #1		1.3 STREET ADDRESS						
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CITY-ST-ZIP						
TITLE	VPD	☐ DELETE	2.1 TITLE		Change	☐ Addition			
NAME	Bobosca, Olimpia L		2.2 NAME						
STREET ADORESS	326 N.E. 6TH STREET #1		2.3 STREET ADDRESS						
CITY-ST-ZIP	HALLANDALE FL 33009		2 4 CfTY-ST-ZIP						
TITLE	SD	☐ DELETÉ	3.1 TITLE	SD	Change	Addition			
NAME	Banica, Daniela a		3.2 NAME	OLIMPIA, BOBOSCA 326 NE 61 8W. AT 2 HALLHNDALE FL					
STREET ADDRESS	326 N.E. 6TH STREET #1		3.3 STREET ADDRESS	326 NE 61" 8N. 5 2	an - 9				
CITY-ST-ZIP	HALLANDALE FL 33009		-3.4. GITY-ST-ZIP	HALLANDALE PL	33009				
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		<u> </u>				
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY_ST_ZIP			64 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR