

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90072 008 ***150.00

DOCUMENT # P97000032941

1. Corporation Name

CSP TRADING CORPORATION

Principal Place of Business
7952 PINES BLVD.
PEMBROKE PINES FL 33025

Mailing Address
7952 PINES BLVD.
PEMBROKE PINES FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1997

4. FEI Number

65-0744373

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 8910 MIRAMAR PKY

Suite, Apt. #, etc.

22 MIRAMAR - FL

City & State

23

Zip

24 33029

Country

25 USA

2a. Mailing Address

26 8910 MIRAMAR PKY

Suite, Apt. #, etc.

27 Suite 210 B

City & State

28 MIRAMAR - FL

Zip

29 33029

Country

30 USA

9. Name and Address of Current Registered Agent

SLEMER, OCTAVIO A
9324 N.W. 10TH STREET
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name Octavio A Slemer

82 Street Address (P.O. Box Number is Not Acceptable)
10911 NW 3rd St

83

84 City Plantation

FL

85 Zip Code 33324

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 PS
NAME SLEMER, OCTAVIO A
STREET ADDRESS 9324 N.W. 10TH STREET
CITY-ST-ZIP PLANTATION FL 33322

☐ 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

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 PS
1.2 NAME Slemer, Octavio A
1.3 STREET ADDRESS 10911 NW 3rd St
1.4 CITY-ST-ZIP PLANTATION-FL-33324

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-3-99 954-382-0348

CR2E034 (11/98)