## 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

P97000036533 (2) **DOCUMENT** # 1. Corporation Name

E.I.O. TRADES, INC.

Principal Place of Business Mailing Address PO BOX 971368 PO BOX 971368 **MIAMI FL 33197** MIAMI FL 33197 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/23/1997 2. Principal Place of Business 2a, Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıρ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent 81 Name LOPEZ, JORGE A JORGE ue W 11051 SW 200 ST 82 Street Address (P.O. Box Number is Not Acceptable) APT 2429A MIÁMI FL 33157 83 ARRISON <u></u>ይደ 84 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 titln if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 アカ ZOELETE TITLE 1.1 TITLE Change Addition TORGE LOPEZ NAME LOPEZ-JORGE A 1.2 NAME HARRISON DR. 11051 SW 200-SI, APT 212-A 15356 STREET ADDRESS 1.3 STREET ADDRESS MHAXII FL 33157 33033 CITY-ST-ZIP 1.4 CITY-ST-ZIP VSTD DELETE TITLE 2.1 TITLE Addition LOPEZ, OLGAL NAME 0164 LOPEZ 2.2 NAME 11051 SW 200 ST, APT 212-A STREET ADDRESS 15356 HARRISON DR. 2.3 STREET ADDRESS MAMI FL 33157 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 31 DILE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7/P TITLE DELETE 4.1 TITLE ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 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 only in attronument with an address. LADAS

2-11-98

**FILED** 

Feb 23 1998 8:00am

Secretary of State