

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

FILED
Jul 28 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 # P97000063696 (3)

1. Corporation Name
TOWER TRADING INC.



Principal Place of Business

6200 OLD MOAT WAY
DAVIE FL 33331

Mailing Address

6200 OLD MOAT WAY
DAVIE FL 33331

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1997

4. FEI Number

05-0804042

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

10090 NW 80CT

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

33016

30

9. Name and Address of Current Registered Agent

LACASA, ARMANDO E ESO
RUDEN, MCCLOSKEY, EMITH, ET AL.
701 BRICKELL AVENUE SUITE 1900
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Alina Torres

82 Street Address (P.O. Box Number is Not Acceptable)

10090 NW 80CT

83

1426 1B-5

84 City

Mialeah Gr FL

85 Zip Code

33016

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 in printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12/1/98

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LACASA, ARMANDO E
STREET ADDRESS 701 BRICKELL AVENUE SUITE 1900
CITY-ST-ZIP MIAMI FL 33131

☒ 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 PD
1.2 NAME Alina Torres
1.3 STREET ADDRESS 10090 NW 80CT
1.4 CITY-ST-ZIP Mialeah Gr FL 33016

☐ 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. 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

Alina Torres

1-21-98

(305) 372-61133

CR2E034 (10/97)