

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 P98000014832

Country

9. Name and Address of Current Registered Agent

25

TRADE VIEW INTERNATIONAL, INC.

Principal Flace of Business 61 N.E. 1ST STREET

2. Principal Place of Business

Suite, /\pt, #, etc.

City & State

MIAMI FL 33132

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Zip

Mailing Address

61 N.E. 1ST STREET MIAMI FL 33132

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90009 012 ***150.00



HOSSAIN, AZIM 61 N.E. 1ST STREET MIAMI FL 33132

i		10. Name and Address of New Registered Agent						
81	Name							
82	Street /	Address (P.O. Box Number is Not Acceptable)						
83								
84	City	FL	85	Zip Gode				

Personal Property Tax.

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.

Country

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SIGNATURE	Signature, typed or printed name of registered ager Land title if	applicable (NO FE: I	Registered Agent signature r	recuired when reinstating)	DATE	
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTO	RS IN 12
TITLE	D .	☐ DELETE	1.1 TITLE	PRevident		Additio
NAME	HOSSAIN, AZIM		12 NAME	Vic Co.quett		
STREET ADDRESS	304 S.W. 85 TERRACE #211		1.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL 33025		1.4 CITY-ST-ZIP			_
TITLE	D	☐ DELETE	2.1 TITLE	1.P.	☐ Change	Additio
NAME	BABUL, PERVEEN		2.2 NAME			`
STREET ADDRESS	1555 N.E. 121 STREET #S302		2.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI FL 33161		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADURESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME '*			4 2 NAME			
STREET ADORESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	51 TMLE		☐ 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	☐ Additir
NAME			6.2 NAME			
STREET ADDR ESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			1

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 pertify that the information indicaled 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 change 1, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

1 125, C 4-29-99

Daytime Phone #

CR2E034 (11/98)

□No