

**FILED**  
**Aug 09, 1999 8:00 am**  
**Secretary of State**

08-09-1999 90008 004 \*\*\*558.75

AMOUNT DUE ON OR BEFORE 09/15/99: \$300 (IF DISCOUNTED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT CORPORATION ANNUAL REPORT 1999**

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

**DOCUMENT # P98000042442**  
 1. Corporation Name  
**INTERNATIONAL TRADE AND EXCHANGE USA INC.**

Principal Place of Business  
 5507 14TH STREET WEST  
 BRADENTON FL 34207

Mailing Address  
 5507 14TH STREET WEST  
 BRADENTON FL 34207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/11/1998**

4. FEI Number  
**36-3665527**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

7. Trust Fund Contribution ☐

8. This corporation owes the current year intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**ALI, RAJAB**  
**4512 S. DEL SOL BLVD**  
**SARASOTA FL 34243**

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 Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PRESIDENT	RUKIYA ALI	4512 S. DEL SOL BLVD	SARASOTA FL 34243	<input type="checkbox"/>
SECRETARY	RAJAB ALI	4512 S. DEL SOL BLVD	SARASOTA FL 34243	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: **Rajab Ali** **REQUIRED** **7/30/99** **941-727-1440**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)