## 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

## DOCUMENT # P98000042956

1. Corporation Name

## FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90154 012 \*\*\*150.00

EXCLUS	ive trade, inc.								
Principal Place	e of Business	Mailing Address					<b>19</b>	i Buit Bili iodi	
3017 BAYSHORE DRIVE SONT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304									
	TOTAL CHOCKING TE COOK					DO NOT WRITE IN THIS SPACE			
					3. Date incorporated	or Qualifed		]	
		A Marillan Address			05/12/1998 4. FEI Number	1.51	Δ .	pplied For	
	lace of Business	2a. Mailing Address			65-006	714		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			00 08.32	120		Additional	
22		27			5. Certifcate of Status	Desired 🗀		equired	
City & State		City & State		6. Election Campaign	Financing	\$5.00	May Be		
23		28		~	Trust Fund Contrib			to Fees	
Zip	Country	Zip	Country		8. This corporation of	wes the current year	ar Intangible	·_	
24	25	29 30			Personal Property		☐ Yes	□No	
	9. Name and Address of Current	Registered Agent		r	10. Name and Addre	ss of New Registe	red Agent		
			81	Name					
	PORATION SERVICE COMPANY	•	82	Street A	ddress (P.O. Box Number is	Not Acceptable)			
	HAYS STREET		_						
IALL	_AHASSEE FL 32301-2525		83						
			84	City			85 Zip	Code	
							FL   5   - FL	i-tarad	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was auth	orized by	the corbor	ration's board of directors. I h	ereby accept the a	appointment as r	egistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if analyzable (NOTE: Pe	nistered Anen	ot signature rec	quired when reinstating)	DAT	E		
12.	OFFICERS AND		13.	n organization (or	ADDITIONS/CHANG	SES TO OFFICER	S AND DIRECT	ORS IN 12	
TITLE	PVST	☐ DELETE	1.1 TITLE			.,	☐ Change	☐ Addition	
NAME	WEIGELT, HOLGER		1.2 NAME					}	
STREET ADDRESS	COAT DAYOUODE DON'E		1.3 STREET	T ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33304		1,4 CITY-S	T- ZIP					i
TITLE	D	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition	
NAME	WEIGELT, HOLGER		2.2 NAME	1					
STREET ADDRESS	3017 BAYSHORE DRIVE		2.3 STREET	TADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33304		2.4 CITY-5	ST-ZIP	·				
TITLE		☐ DELETE	3.1 TITLE				Change	Addition	_
NAME	ì		32 NAME						
STREET ADDRESS			3.3 STREET	TADDRESS					
CITY-ST-ZIP			3.4. CITY- 9	ST-ZIP				☐ Addition	
TITLE		☐ DELETE	4.1 TITLE	1			Change	☐ Addition	
NAME			4. 2 NAME	1					
STREET ADDRESS			4.3 STREE	TADDRESS				(	
CITY-ST-ZIP									
TITLE	I .		4.4 CITY-S	T-ZIP			Channa	☐ Addition	
NAME		☐ DELETE	5.1 TITLE	T-ZIP		·	Change	☐ Addition	
STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME				Change	☐ Addition	
CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET	T ADDRESS			Change	☐ Addition	
			5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	T ADDRESS					
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	T ADDRESS			☐ Change		
TITLE NAME			5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME	T ADDRESS T-ZIP					
TITLE			5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME	T ADDRESS T- ZIP T ADDRESS					

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 THE OR PRINTED NAME OF SENING OFFICER OR DIRECTOR

03/10/99 (954) \$4 - 2804 Date Phone # 22F034 (11/98)