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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000077142

1. Corporation Name

GROUP TRADEINVEST CORP.

05-10-1999 90216 025 ***150.00

| ı | | | | | | | | | een itteli ilen | |
|--|---|---------------------------|-----------------------|--------------------------|----------|--------------------------|--|---------------------|--|--------------------|
| Principal Place | e of Business | Mailing | Address | | | | r inniinni liä läini jälli noili an | **** 44111 #2() () | | ***** **** **** |
| 9300 N.W. 58TH ST., STE. 209 9300 N.W. 58TH ST., STE. 209 MIAMI FL 33178 | | | | | | | DO NOT WRI | TE IN THIS | SPACE | |
| | | | | | | | 3. Date Incorporated or Qualifed 08/28/1998 | | | *** |
| 2. Principal Pl | lace of Business | 2a. Mai | 2a. Mailing Address | | | | 4. FEI Number 65, 0000225 | CE 000000E | | |
| 21 | | 26 | | | | | 65-0690325 | | | ot Applicable |
| Suite, Apt. | #, etc. | 27 | ļ. L | | | | 5. Certifcate of Status Desired | | Fee R | Additional equired |
| City & State | | 28 | & State | | | | Election Campaign Financing Trust Fund Contribution | | Added | May Be to Fees |
| Zip | Country | Zip | _ | Country | ' | | 8. This corporation owes the cur- | rent year Int | | |
| 24 | 25 | 29 | 3 | 0 | | | Personal Property Tax. | | Yes | □No |
| | 9. Name and Address of Curre | nt Registere | d Agent | | | | 10. Name and Address of New | Registered | Agent | |
| CHM | ILI IAMAC | | | 81 | Na | ime | | | | |
| 9300 | ILL, JAIME N.W. 58TH ST., STE. 209 | | | | | reet Addre | ss (P.O. Box Number is Not Accept | able) | | |
| MIAN | AI FL 33178 | | | 83 | | | | | | |
| | | | | 84 | Ci | ty | | FL | 85 Zip | Code |
| | | | | | <u>L</u> | | | | <u>. </u> | intered |
| office or r | egistered agent or both in the State | e of Florida. S | uch change was auti | norized by | tne i | mea corpo corporatior | ration submits this statement for the n's board of directors. I hereby acce | pt the appoi | ntment as re | egistered |
| agent. I a | m familiar with, and accept the oblig | ations of, Sec | tion 607.0505, Florid | la Statutes | i. | | | | | |
| SIGNATURE | | | | | | | when minutation | DATE | | |
| | Signature, typed or printed name of registered ag | | | 13. | n sign | ature required | when reinstating) ADDITIONS/CHANGES TO OF | | ID DIRECTO | ORS IN 12 |
| 12. | OFFICENS A | OFFICERS AND DIRECTORS 13 | | | | T P | P/S/D | 1102/10/21 | Change | Addition |
| NAME | | | _ | 1.2 NAME | | - 1 | aime Cunill | | | |
| STREET ADDRESS | | | | 1.3 STREE | T ADD | RESS 8 | 370 SW 46th St | | | |
| CITY-ST-ZIP | | | | 1.4 CITY-S | T-ZIP | l M | Miami, <u>F1</u> 33155 | | | |
| TITLE | | | ☐ DELETE | 2.1 TITLE | | | /Vice-Sec. | | ☐ Change | Addition |
| NAME | • | | | 2.2 NAME | | R | Rosie M. Cunill | | | |
| STREET ADDRESS | | | | 2.3 STREE | TADDI | | 370 SW 46th St | | | |
| CITY-ST-ZIP | | | | 2. 4 CITY- | ST-ZIP | M | Miami, Fl. 33155 | | | |
| TITLE | | - | ☐ DELETE | 3.1 TITLE | | | | | Change | ☐ Addition |
| NAME | | | | 3.2 NAME | | | | | | |
| STREET ADDRESS | | | | 3.3 STREE | | | | | | |
| CITY-ST-ZIP | | | Decem | 3.4. CITY-5 | ST-ZIP | | | | Change | Addition |
| TITLE | | | ☐ DELETE | 4.1 TITLE | | | | | C Cuande | LJ AGGILGIT |
| NAME | | | | 4. 2 NAME | | ncee | | | | |
| STREET ADDRESS | | | | 4.3 STREE | | KE35 | | | | |
| CITY-ST-ZIP | | | DELETE | 4.4 CITY- 5 5.1 TITLE | ıı-ZIP | | | | ☐ Change | Addition |
| TITLE | | | | 5.1 MLE 5.2 NAME | | | | | | |
| NAME | | | | 5.3 STREE | T ADD | RESS | | | | |
| STREET ADDRESS | | | | 5.4 CITY-S | | | | | | |
| CITY-ST-ZIP TITLE | | | ☐ DELETE | 6.1 TITLE | | | | | Change | ☐ Addition |
| | | | | 6.2 NAME | | | | | | _ |
| NAME ethert annhees | | | | 6.3 STREE | T ADD | RES\$ | | | | ÷ |

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 shipowered 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.

6.4 CITY-ST-ZIP

SIGNATURE: