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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90044 004 \*\*\*150.00

DOCUMENT # P98000084178

1. Corporation Name

TRENDEX COMMODITY CORP.

Principal Place of Business  
297 SUNNY ISLES BOULEVARD  
NORTH MIAMI BEACH FL 33160

Mailing Address  
297 SUNNY ISLES BOULEVARD  
NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1998

4. FEI Number

65-0869905

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COHEN, JEFFEY R ESQ.  
297 SUNNY ISLES BOULEVARD  
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name Gary A. Feder, Esq.

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

83 1701 W. Hillsboro Blvd., 302

84 City Deerfield Beach

FL

85 Zip Code 33442

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 or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME COHEN, JEFFREY R  
STREET ADDRESS 297 SUNNY ISLES BOULEVARD  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition  
1.2 NAME Wayne, Thomas  
1.3 STREET ADDRESS 19506 E. Country Club Dr.  
1.4 CITY-ST-ZIP Aventura, FL 33180

2.1 TITLE Director ☐ Change ☒ Addition  
2.2 NAME Friedman, Perry  
2.3 STREET ADDRESS 3300 NE 192 Street Apt. LP-6  
2.4 CITY-ST-ZIP Aventura, FL 33180

3.1 TITLE Bornstein, Steven ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS 3190 Willow Lane  
3.4 CITY-ST-ZIP Weston, FL 33331

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

954-424-8441

Daytime Phone #

CR2E034 (11/98)