05101999-90130-028-$150.00-$150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90130 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000107421

1. Corporation Name
TRADE WINDS NETWORK INC.

- [redacted]

Principal Place of Business
2538 MUIR CIRCLE
WELLINGTON, FL 33414

Mailing Address
2538 MUIR CIRCLE
WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number
65-0886623

Applied For / Not Applicable

$8.75 Additional Fee Required

5. Certificate of Status Desired

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip / Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip / Country

9. Name and Address of Current Registered Agent
MACINTER CORPORATION
15279 NW 7 STREET
PEMBROKE PINES, FL 33028

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LUIS GUILLERMO ECHEVERRI
STREET ADDRESS	2538 MUIR CIRCLE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ Change ☐ Addition

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.

04-30-99