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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S01155

(8)

SELECTRADING, INC.

Principal Place of Business Mailing Address										111 MR M. 110M 41M 11 M 11	r 80)1 BIBN 18181	1 41811 61811 6181	A BIBNI (WD)	
7270 NW 12 STR PO BOX 830202														
STE 140					FL 33183									
MIAMI FL 33126 US US										DO NOT WRITE IN THIS SPACE				
									09/11/1	•	d			
2. Principal Place of Business 22 22 22 22 22 22 22 22 22 22 22 22 2					a. Mailing Address				4. FEI Numbe	1.1		Ap	plied For	
21 1349	N SM	11m	26 8.0. 804 830202				65-02	19099		No	t Applicable			
Suite, Apt.	#, etc	Suite, Apt. #, etc.					5. Certificate	of Status Desired	Ø.	\$8.75				
22		27					• • • • • • • • • • • • • • • • • • • •			Fee Re	quired			
City & State	State IAMI FL 33183				City & State				6. Election Campaign Financing		_	\$5.00	May Be	
23	MII L		9 2	120			·		Trust Fund	Contribution	<u> </u>	Added t	o Fees	
Zip	PA	Country		L Zop		-	unin			ration owes or has				
24	A Name	[25] U .		11	\$3283	30	ŲΣ			roperty Tax due Ju			No	
9, Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent					
JUNCADELLA, SALVADOR J., III 10260 S.W. 132 AVE.								Dancederch! Swinking 2. W						
MIAMI, 33186							82	Street Ad	Idress (P.O. Box Nu	mber is Not Accep	table)			
							83							
							84	City 🥎	~ 12 m1		FL	85 Zip C	Code	
11. Pursuant to the provisions of actions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pure office or registered agent, of buth, in the State of Group, Such change was authorized by the corporation's board of directors. I hereby accept agent I am familiar with, and accept no obligation 1.0500 accept agent I am familiar with, and accept no obligation 1.0500 accept agent I am familiar with.												f changing it	s registered	
office or r agent I a	egistered a m familiar w	gent, of buth, ith, and a cop	n the State of	Con	uch change was sion 607.0505, I	authoriza Iorida Sta	ed b	y the corpor s.	ration's board of dire	ectors. I hereby ac	cept the app	ointment as	registered	
SIGNATURE SAW ADDA J. JUNICAS ELCA , W 4-14-48														
Stynature, typed of printed see of in justified agent and bitle if applicable (NOTE R 12. OFFICERS AND DIRECTORS								ent signature req	quired when reinstating)	CHANGES TO OF	DATE	DIDECTOR	6 11 12	
TITLE	D	· Orr	ICENS AND	JINE CTOP	DELETE	13.	TITLE	1	ADDITIONS;	CHANGES TO OF	FICERS AND	Change	Addition	
NAME	JUNCA	DELLA, SAL	/ADOR HI		C Direct		NAME					Villarige	radiion	
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CITY-ST-ZIP						6.40	CITY-S	ST - ZIP						

14. 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 of supplies 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 of the receiver or trusted in the vacciver of the certific trusted in the vacciver of the vacciver of trusted in the vacciver of the vacciver of trusted in the vacciver of the vacciver of the vacciver of the vacciver of trusted in the vacciver of the vacciver of trusted in the vacciver of the vacciver of trusted in the vacciver of the vacciver of the vacciver of the vacciver of trusted in the vacciver of the vacciver of trusted in the vacciver of trusted in the vacciver of trusted in the vacciver of the vacciver of trusted in the vacciver of trusted in the vacciver of the vacciver of trusted in the vacci

SIGNATURE:

SAWMON 1. JONCA DELLA

4-14-98 345-412-1351

FILED

Apr 21 1998 8:00am

Secretary of State

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