

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S08785 (5)

1. Corporation Name  
NICTRADE, INC.



Principal Place of Business

Mailing Address

9555 N. KENDALL DR.  
STE. #209  
MIAMI FL 33176

9555 N. KENDALL DR.  
STE. #209  
MIAMI FL 33176

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/25/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0224495

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

JUNCADELLA, MARIANO  
9555 NORTH KENDALL DR.  
STE. #209  
MIAMI FL 33176

81 Name

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

83

84 City

FL

85 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 607.0508, Florida Statutes.

SIGNATURE

*Mariano Junca*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-96

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME JUNCADELLA, MARIANO  
STREET ADDRESS 270 CRANWOOD DR.  
CITY-ST-ZIP KEY BISCAIYNE FL 33149

TITLE VD ☐ DELETE

NAME CUADRA, JAVIER A  
STREET ADDRESS 9835 SW 118TH AVENUE  
CITY-ST-ZIP MIAMI FL 33186

TITLE SD ☐ DELETE

NAME CARDENAL-CUADRA, ELISA  
STREET ADDRESS 9835 SW 118TH AVENUE  
CITY-ST-ZIP MIAMI FL 33186

TITLE TD ☐ DELETE

NAME JUNCADELLA, MARIA C  
STREET ADDRESS 270 CRANWOOD DR.  
CITY-ST-ZIP KEY BISCAIYNE FL 33149

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Mariano Junca*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96

Date

Daytime Phone #

305-279-2448

CR2E034 (12/95)