SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

NICTRADE, INC.

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S08785

(5)

FILED Sep 23 1998 8:00am Secretary of State

Mailing Address	
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2730 SW 3RD / SUITE 206 MIAMI FL 33129 US		2730 SW 3RD AVE Suite 206 Miami FL 33129 US			DO NOT WRITE I 3. Date Incorporated or Qualified 10/25/1990	_ I	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 65-0224495	Applied For Not Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional		
27			te		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28 Zip	, · · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution 8. This corporation owes or has paid		
24	9 Name and Address of Current	29 Roulstered Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
Name and Address of Current Registered Agent JUNCADELLA, MARIANO				81 Name			
2730 SW 3RD AVE SUITE 206 MIAMI FL 33129			-	82 Stree	et Address (P.O. Box Number is Not Acceptable))	
				B3			
***************************************			}	84 City		85 Zip Code	
						FL	
11. Pursuant office or l agent. La	to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	and 607,1508, Florida Statute of Florida. Such change was ations of, section 607,0505, Fl	es, the abo authorized orida State	ve-named by the co ites.	d corporation submits this statement for the purpo irporation's board of directors. I hereby accept th	se of changing its registered e appointment as registered	
SIGNATURE .							
12.	Signature, typed or printed name of registered egen OFFICERS ANI		13,	ed Agent sign	ature required when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	DP	DELETE	1.1 TITLE		The state of the s	Change Addition	
NAME	JUNCADELLA, MARIANO		1.2 NAI			Change Addition	
STREET ADDRESS	270 CRANWOOD DR.		1,3 STR	EET ADDRES	ss	[[
CITY-ST-ZIP	KEY BISCAYNE FL 33149		1.4 CIT	Y-ST-ZIP			
TITLE	VO	DELETE	2 1 TITLE			Change Addition	
NAME	Cuadra, Javier a	4	2.2 NA	AE.			
STREET ADDRESS	9835 SW 118TH AVENUE		2.3 S1R	EET ADDRES	es	{	
CITY-ST-ZIP	MIAMI FL 33186		2.4 CIT	Y-ST-ZIP			
TITLE	SD	DELETE	3.1 TIT	.E		Change Addition	
NAME	CARDENAL-CUADRA, ELISA		3.2 NA	Æ			
STREET ADDRESS	9835 SW 118TH AVENUE		3.3 STR	EET ADORES	es)	}	
CITY-ST-ZIP	MIAMI FL 33186			Y-ST-ZIP			
TITLE	TO TOTAL TAXABLE OF	L] DELETE	4.1 T(T)			Change Addition	
NAME	JUNCADELLA, MARIA C		4.2 NA				
STREET ADDRESS	270 CRANWOOD DR.		4.3 STR	EET ADDRES	SS		
CITY-ST-ZIP	KEY BISCAYNE FL 33149		4.4 CITY-S1-ZIP				
TITLE		DELETE	5.1 TITLE			Charige Addition	
NAME			5.2 NAME				
\$1REET ADDRESS			5.3 STREET ADDR		is)		
CITY-ST-ZIP			5.4 CIT	/-ST-ZIP			
TITLE	1	L DELETE				Change Addition	
NAME OXOGET ADDRESS	l		6.2 NAF				
STREET ADDRESS				EET ADDRES	15		
CITY-ST-ZIP	atifuthet the information supplied with	this filing does not qualify for t	6.4 CIT	/-ST-ZIP	Lin postion 440 07(2Vi) Elevido Clatutos I fuebor	portify that the information	

. I necess certify that the information stapplied with this filing does not quality 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.