1 02261999-90061-023-\$150.00-\$150.00

Principal Place of Business

25 SOUTHEAST 2ND AVENUE

## FILE NUW: FILING FEE AFTEK MAY 1ST IS \$550:00

Mailing Address

25 SOUTHEAST 2ND AVENUE

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # \$10026**

SANTRADE INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE. MIAMI FL 33131 MIAMI FL 33131 3. Date incorporated or Qualifed LIS 10/31/1990 Applied For 4. FEI Number Principal Place of Business 2a. Mailing Address 2. 65-0228996 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year intangible Zip\_ Country ~ 🗌 Yes 30 Personal Property Tax. 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MIESSLER, ROBERT J., JR. Street Address (P.O. Box Number Is Not Acceptable) 25 SE 2ND AVE. SUITE 303 MIAMI FL 33131 Zip Code City 11. Pursuant to the provisions of Sections 607:0502 and 697:1508; Florida-Statutes-the above-named-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 (NOTE: Registered Agent signature reg Signature, typed or printed name of registered agent and title if applicable (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. ☐ 0ELETE 1.1 TIPLE ☐ Change TITLE **CR2E034** 1.2 NAME MIESSLER, ROBERT J., JR. NAME 1.3 STREET ADDRESS 25 SE 2ND AVE. STREET ADDRESS MIAMI FL 14 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 21 TILE TITLE NAME MIESSLER, SANDRA C. 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 25 SE 2ND AVE. 2.4 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE TIME 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY- ST-ZIP CITY-ST-ZIF Addition ☐ Change □ DELETE 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS SACITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE 6.2 NAME

6 3 STREET ADDRESS

8.4 CITY-ST-ZIP

ent with an address, with all other like empowered

SIGNATURE:

Block 12 or Block 13 if cha

NAME

STREET ADDRESS

JOHNNY MIESSLEN

14. I hereby certify that the information supplied with this filting 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 supplies entital 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 of the receiver of 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 chapter 50 or a stephenomer of the second of the s

FILED

Feb 26, 1999 8:00 am

Secretary of State

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