

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

FILED

Feb 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S76759

(7)

1. Corporation Name  
MATED TRADERS, INC.

Principal Place of Business

100 N BISCAYNE BLVD  
SUITE 1402  
MIAMI FL 33132  
US

Mailing Address

100 N BISCAYNE BLVD  
SUITE 1402  
MIAMI FL 33132-2309  
US3. Date Incorporated or Qualified  
08/29/19913a. Date of Last Report  
03/07/19964. FEI Number  
65-0288151Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 2441 NW 93 Avenue

2a. Mailing Address

26 2441 NW 93 Avenue

Suite, Apt. #, etc.

22 suite 103

Suite, Apt. #, etc.

27 suite 103

City &amp; State

23 Miami FL

City &amp; State

28 Miami FL

Zip

24 33172-4800

Country

25 USA

Zip

29 33172-4800

Country

30 USA

9. Name and Address of Current Registered Agent

BERTRAND, RENATA C  
1511 ZORETA ST  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 03, 97

12. OFFICERS AND DIRECTORS

D ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
BERTRAND, RENATA C.  
1511 ZORETA AVENUE  
CORAL GABLES FLD ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
BERTRAND, FERNANDO  
1511 ZORETA AVENUE  
CORAL GABLES FL☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DELETE  
TITLE  
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 03, 97 (305) 640-9695

Date

Daytime Phone #

0174407

CR2E034 (9/96)