Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90032 040 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUM	MENT # S76759)		
1. Corporation	Name	,		
MATED I	TRADERS, INC.			1 (MATICALE TIT TRAIN APIET TRAIN TAIN THE TRAIN AND A STAIL BIRTY BIRTY BIRTY BIRTY BIRTY BIRTY BIRTY BIRTY BIRTY
Principal Place	of Business	Mailing Address		
2441 NW 93 AV		2441 NW 93 AVE		
STE 103	-	STE 103		
MIAMI FL 33172	-4800	MIAMI FL 33172-4800		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
US		US		08/29/1991
- 0-1-1-10	- J Dusings	2a. Mailing Address		4, FEI Number Applied For
	ace of Business	26. Walling Address		65-0288151 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		\$8.75 Additional
22	de 102	27 Ste. 10:	2	Certificate of Status Desired Fee Required
City & State	<u> </u>	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 3	0	Personal Property Tax.
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent
9501	RAND, RENATA C			Bertrand, Kenata C.
1511 ZORETA ST			82 Street	Address (P.O. Box Number is Not Acceptable)
	AL GABLES FL 33146		83 TC	600 SW 69 Menue
00				
			84 City	Niami FL 85 293856
CO. 10 COT OFFICE and COT 4500 Floride Statutes the chore period corpors				corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	e of Florida. Such change was aut	horized by the corpo	oration's board of directors. I hereby accept the appointment as registered
	m lamiliar with, and accept the obliga	ations of, dection our loods, mone	a olalatos.	,
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE, R	Registered Agent signature re	
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Bertrand, Renata C. AChange Addition
NAME	BERTRAND, RENATA C.		1.2 NAME	9800 SW 69 Avenue
STREET ADDRESS	1511 ZORETA AVENUE		1.3 STREET ADDRESS	Mami Fr 33/56
CITY-ST-ZIP	CORAL GABLES FL	☐ DELETE	1.4 CITY-ST-ZIP	Michange Addition
TITLE	D FEDERALD FEDERALDO		2.1 IIILE 2.2 NAME	Bertrand, Gernando
NAME	BERTRAND, FERNANDO		2.2 NAME 2.3 STREET ADDRESS	9800 SW 69 Avenue
STREET ADDRESS	1511 ZORETA AVENUE			Miami FL 33156
CITY-ST-ZIP TITLE	CORAL GABLES FL	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY-ST-ZIP	Change CAddition
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	

CITY-ST-ZIP 14. I 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 suppliemental 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

305 640 9695