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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S86399 TELMAR TRADING, INC.

(0)

FILED May 19 1997 8:00am Secretary of State



Principal Place of Business 6431 COW PEN ROAD MIAMI LAKES FL 33014		Mailing Address 6431 COW PEN RI MIAMI LAKES FL :						
					3. Date Incorporated or Qualified 10/09/1991		te of Last)8/1996	Report
	ace of Business	2a. Mailing Addre	ess		4. FEI Number 65-0297160		1	pplied For
21 Suite, Apt. 4	I oto	26 Suite, Apt. #,	elc		03-0297 100	الت		lot Applicable Additional
22		27	0.00		5. Certificate of Status Desired	X	• -	Required
City & State		City & State	.,		6. Election Campaign Financing		\$5.00) May Be
23 .		28			Trust Fund Contribution			to Fees
- Z ф Т.П	Country	Zip		untry	8. This corporation has liability for	r intangible∃ ☐ Yes ☐		s. 199.032,
24	25 9. Name and Address of Curre	29 29 20 Agent	[30]	1	Florida Statutes 10. Name and Address of New R			
DATE	RAN CORPORATE AGENTS IN			81 Name				
	SOUTH DADELAND BLVD.			82 Street Add	dress (P.O. Box Number is Not Accepta	hlel		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
PH 1				Street Add	Creas (F.O. DOX NOTION IS NOT ACCOPT			
MIAN	II FL 33156	•		83				
				84 City			85 Zıç	Code
				1 7		<u>FL</u>	1 1 1	
SIGNATURE	of the provisions of Sections 607.05 og stered agent or both, in the Stat in farmhar with, and accept the oblig som sections or printed have of registered at				pured when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·	-
SIGNATURE 12.	Signal He Typic or printed name of registered a	geri and title if triplicable ND DIRECTORS	(NOTE: Registere	ed Agent signature req		DATE	DIRECTO	
SIGNATURE	Signal He Typic or printed name of registered a	gert and title if striplicable	(NOTE: Registere	ed Agent signature req	guired when reinstating)	DATE		
SIGNATURE 12. THE	OFFICERS AID COMMENT, COY 6431 COWPEN RD	geri and title if triplicable ND DIRECTORS	(NOTE: Registers 13. LETE 1.1 T 1.2 N	ed Agent signature req	guired when reinstating)	DATE	DIRECTO	
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