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Mar 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthoft  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S96350 (1)

1. Corporation Name  
CONSOLIDATED WORLD TRADERS, INC.

Principal Place of Business

1515 N. FEDERAL HWY  
SUITE 215  
BOCA RATON FL 33432  
US

Mailing Address

1515 N. FEDERAL HWY  
SUITE 215  
BOCA RATON FL 33432-1952  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

VAN WELIE, ERIK  
1515 N. FEDERAL HWY., SUITE 215  
BOCA RATON FL 33432

3. Date Incorporated or Qualified

11/25/1991

3a. Date of Last Report

02/02/1996

4. FEI Number

65-0297628

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

1 Name

2 Street Address (P.O. Box Number is Not Acceptable)

3

4 City

FL

65 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WELIE, JAN VAN  
STREET ADDRESS SAN MARTIN DE PORRES 18  
CITY-ST-ZIP SANTO DOMINGO, REP

TITLE D ☐ DELETE

NAME ASSADOURIAN, SYLVIA  
STREET ADDRESS 3580 LIMOGES ST  
CITY-ST-ZIP VILLE ST LAURENT CA

TITLE D ☐ DELETE

NAME ADAMS, PAT  
STREET ADDRESS 102 WICKSTEED AVE  
CITY-ST-ZIP MOUNT ROYAL, CANADA

TITLE D ☒ DELETE

NAME MICHAELSON, HENRY J  
STREET ADDRESS 175 SE 25TH RD #8E  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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

ERIK VAN WELIE

3/3/97 (561) 392-9442

Date Daytime Phone

CR2E034 (9/96)