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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$96350

1. Corporation Name

	IDATED WORLD TRADERS,					
Principal Place	of Business	. Mailing Address		1 (80) (810 to yaila Aryan (1) 41 anii) asii aldii	\$1511 E1511 \$1\$11 \$1\$11 E1611 IE	••
1515 N. FEDER/		1515 N. FEDERAL HWY				
SUITE 215 SUITE 215					0.00405	
BOCA RATON F	FL 33432	BOCA RATON FL 33432		DO NOT WRITE IN THI	S SPACE ;	_
US		US		3. Date Incorporated or Qualifed		
	<u> </u>	<u> </u>	***	11/25/1991	1 4 5-15-	
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number	Applied For	
21		26		65-0297628	Not Applicat	ole
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	1 .,
22		27				
City & State	e	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 le		
24	25	29 3	30	Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Current			10. Name and Address of New Registere	d Agent .	
	1300 000		81 Name			
VAN 000 1515	WELIE, ERIK 5 N. FEDERAL HWY., SUITE 215	AND A	82 Street Ad	dress (P.O. Box Number is Not Acceptable)	and control to the second of t	
BOC	A RATON FL 33432	•	83			
ļ		· .			85 Zip Code	> 1 ! - 4 :
	•		84 City	F	L	
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of in familiar with, and accept the obligat	2 and 607.1508, Florida Statute of Florida: Such change was au- tions of, Section 607.0505, Flori	s, the above-named co thorized by the corpora ida Statutes.	rporation submits this statement for the purpose tition's board of directors. I hereby accept the app	of changing its registered ointment as registered	d
SIGNATURE						· _
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: f	Registered Agent signature requ	lired when reinstating) / ACE DATE		
SIGNATURE 12.	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE: I	Registered Agent signature requ	DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12	[[86]
		t and title if applicable. (NOTE: f	Registered Agent signature requests 13.	lired when reinstating) / ACE DATE		[[86]
12.	OFFICERS AN D WELIE, JAN VAN	t and title if applicable. (NOTE: I	Registered Agent signature requ	DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12	[[86]
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN D WELIE, JAN VAN SAN MARTIN DE PORRES 18 SANTO DOMINGO, REP D	t and title if applicable. (NOTE: f	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12	ition (11/08)
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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 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 peceiver 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

1-14-99

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90009 041 ***150.00

(561)392-9442