

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V16695

(1)

1. Corporation Name

CHRISTI TRADING COMPANY, INC.

Principal Place of Business

2599 NE 191ST STREET
NORTH MIAMI BEACH FL 33180
US

Mailing Address

2599 NE 191ST STREET
NORTH MIAMI BEACH FL 33180
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/24/1992

3a. Date of Last Report

04/12/1994

4. FEI Number

65-0316042

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. 189.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

10. Name and Address of New Registered Agent

81 Name

EL HAGE, JOSEPH

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

2599 N.E. 191 STREET

83

84 City

NORTH MIAMI BEACH

FL

85 Zip Code

33180

9. Name and Address of Current Registered Agent

HAGE, JOSEPH EL

**11787 SOUTHWEST 90TH TERRACE
MIAMI FL 33188**

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 **EL HAGE, JOSEPH - PRESIDENT**

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

(NOTE: Registered Agent Signature Required when registering)

4/27/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

PSD

NAME

EL HAGE J

STREET ADDRESS

20801 BISCAYNE BLVD #431

CITY - ST - ZIP

NORTH MIAMI BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

PSD

☒ Change ☐ Addition

12 NAME

EL HAGE, JOSEPH

13 STREET ADDRESS

19370 COLLINS AVE # 902C

14 CITY - ST - ZIP

MIAMI BEACH FL 33160

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **EL HAGE, JOSEPH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

4/27/95

DATE

305-933-5892

TELEPHONE #