

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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90027 032 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V29849**

1. Corporation Name  
**MONEY TRADE, INC.**

**Principal Place of Business**

1525 W 27TH ST  
SUNSET II  
MIAMI BEACH FL 33140  
US

**Mailing Address**

1525 W 27TH ST  
SUNSET II  
MIAMI BCH FL 33140  
US

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**

04/14/1992

**4. FEI Number**

65-0346154

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ \$8.75 Additional  
Fee Required

**6. Election Campaign Financing**

☐ \$5.00 May Be  
Added to Fees

**8. This corporation owes the current year Intangible**

Personal Property Tax. ☒ Yes ☐ No

**2. Principal Place of Business**

21 Suite, Apt. #, etc.

**23. City & State**

**24. Zip Country**

**2a. Mailing Address**

26 Suite, Apt. #, etc.

**27. City & State**

**29. Zip Country**

**9. Name and Address of Current Registered Agent**

GLASER, CLAUDIA  
3591 FLAMINGO DR  
1525 W 27TH ST SUNSET II  
MIAMI BCH. FL 33140

**10. Name and Address of New Registered Agent**

**81. Name**

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

DELETE 3591 FLAMINGO DR. -

**83.**

1525 W 27TH ST. IS CORRECT.

**84. City**

FL

**85. 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** PST ☐ DELETE  
**NAME** GLASER, CLAUDIA  
**STREET ADDRESS** 1525 W 27TH ST, SUNSET II  
**CITY-ST-ZIP** MIAMI BCH. FL

**TITLE** V ☒ DELETE  
**NAME** GLASER, ROLF  
**STREET ADDRESS** 1525 W 27TH ST, SUNSET II  
**CITY-ST-ZIP** MIAMI BCH. FL

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 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, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/99 805 673 0983  
Date Daytime Phone #

CR2E034 (11/98)