FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V48664** **(9)**

1. Corporation Name

TRADING TIMES & COMPANY

Principal Place of Business

1321 SOUTH BISCAYNE PT.. RD.
MIAMI BEACH FL 33141
US

Mailing Address

1321 SOUTH BISCAYNE PT.. RD.
MIAMI BEACH FL 33141
US

3. Date Incorporated or Qualified: **07/13/1992**

3a. Date of Last Report: **02/20/1995**

2. Principal Place of Business
21
Suite/Apt. #
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite/Apt. #
27
City & State
28
Zip 29 County 30

4. FEI Number: **65-0349123** ☐ 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

9. Name and Address of Current Registered Agent

EGOZI, MOISES D
7601 E TREASURE DR, #717
N BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

81 Name: EGOZI, MOISES D.
82 Street Address (P.O. Box Number is Not Acceptable): 1321 South BISCAYNE PT. RD.
83 MIAMI Beach, FL. 33141
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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. The 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] DATE: 1-16-96

12. OFFICERS AND DIRECTORS

TYPE: P
NAME: EGOZI, MOISES
STREET ADDRESS: 7601 E TREASURE DR, #717
CITY ST ZIP: N BAY VILLAGE FL 33141
☒ DELETE

TYPE: president
NAME: EGozi moises D.
STREET ADDRESS: 1321 South BISCAYNE PT. RD.
CITY ST ZIP: M.B. FL. 33141
☐ DELETE

TYPE / NAME / STREET ADDRESS / CITY ST ZIP ☐ DELETE

TYPE / NAME / STREET ADDRESS / CITY ST ZIP ☐ DELETE

TYPE / NAME / STREET ADDRESS / CITY ST ZIP ☐ DELETE

TYPE / NAME / STREET ADDRESS / CITY ST ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TYPE / 1 NAME / 1 STREET ADDRESS / 1 CITY ST ZIP ☐ Change ☐ Addition

2 TYPE / 2 NAME / 2 STREET ADDRESS / 2 CITY ST ZIP ☐ Change ☐ Addition

3 TYPE / 3 NAME / 3 STREET ADDRESS / 3 CITY ST ZIP ☐ Change ☐ Addition

4 TYPE / 4 NAME / 4 STREET ADDRESS / 4 CITY ST ZIP ☐ Change ☐ Addition

5 TYPE / 5 NAME / 5 STREET ADDRESS / 5 CITY ST ZIP ☐ Change ☐ Addition

6 TYPE / 6 NAME / 6 STREET ADDRESS / 6 CITY ST ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, accurate, complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental attachment 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 above or on an attachment with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date / Daytime Phone Number

CR2E034 (12/95)