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Feb 18, 1999 8:00am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V54814

1. Corporation Name

INTERMARKET TRADING ADVISORS INC.

Principal Place of Business

1500 CORPORATION CENTER WAY
SUITE 202
WELLINGTON FL 33414
US

Mailing Address

13860-12 WELLINGTON TRACE
SUITE 500
WELLINGTON FL 33414
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1992

4. FEI Number

65-0354838

Applied For

Not Applicable

5. Certificate of Status Desired

☒

2

\$8.75 Additional
Copies Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAFFE & COMPANY, P.A.
3900 HOLLYWOOD BLVD.
STE. 302
HOLLYWOOD FL 33021

81 Name

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

83

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT ☐ DELETE

NAME NISHIKAWA, RENATO T

STREET ADDRESS AL JAU, 327, AP11 SAO PAULA

CITY-ST-ZIP SP BR D1420

TITLE DC ☐ DELETE

NAME ISHIDA, MASAHIKO

STREET ADDRESS NFS BLDG 6F 1-1-11 NIHOMBASHI NINGYOCHO

CITY-ST-ZIP CHUO-KU TO 103 J

TITLE DP ☐ DELETE

NAME DECKER, DENNIS

STREET ADDRESS 15200 MEADOWWOOD DRIVE

CITY-ST-ZIP WELLINGTON FL 33414

TITLE DS ☐ DELETE

NAME MARRIOTT, PHILLIP B.

STREET ADDRESS 1845 SOUTH 140 EAST

CITY-ST-ZIP OREM UT 84058

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 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:

Dennis Decker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 25, 1999 (561) 366-9888
Date Daytime Phone #

CR2E034 (11/98)