

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 16, 1999 8:00 am**  
**Secretary of State**  
07-16-1999 90016 008 \*\*\*150.00

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # V58069**  
1. Corporation Name  
**CARDINAL TRADING GROUP, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>11111 BISCAYNE BLVD.<br>APT 1756 TWR III<br>MIAMI FL 33163<br>US | Mailing Address<br>11111 BISCAYNE BLVD.<br>APT 1756 - TWR III<br>MIAMI FL 33163<br>US |
|---|---|

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified  
**08/17/1992**

|   |  |                          |                          |
|---|--|--------------------------|--------------------------|
| 2. Principal Place of Business<br>21 <b>13702 Biscayne Blvd.</b><br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 <b>North Miami Beach, FL.</b><br>Zip<br>24 <b>33181</b> | 2a. Mailing Address<br>26 <b>13702 Biscayne Blvd.</b><br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 <b>North Miami Beach, FL.</b><br>Zip<br>29 <b>33181</b> | Country<br>25 <b>USA</b> | Country<br>30 <b>USA</b> |
|---|--|--------------------------|--------------------------|

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0431228</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent  
**HIRSCH, DEBRA S.**  
**176 BAL BAY DRIVE**  
**BAL HARBOUR FL 33151**

10. Name and Address of New Registered Agent  
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 |  |
|----------------------------|--|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE |
| NAME                       | <b>KAISER, RANDIE</b>                    |
| STREET ADDRESS             | <b>15675 NW 15TH AVE</b>                 |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                          |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE |
| NAME                       | <b>KAISER, A. J</b>                      |
| STREET ADDRESS             | <b>11111 BISCAYNE BLVD. APT 1756</b>     |
| CITY-ST-ZIP                | <b>MIAMI FL</b>                          |
| TITLE                      | <input type="checkbox"/> DELETE          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> DELETE          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |
| TITLE                      | <input type="checkbox"/> DELETE          |
| NAME                       |  |
| STREET ADDRESS             |  |
| CITY-ST-ZIP                |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  | <b>Kaiser, Randie</b>   |
| 1.3 STREET ADDRESS                                    | <b>13702 Biscayne Blvd.</b>   |
| 1.4 CITY-ST-ZIP                                       | <b>North Miami Beach, FL. 33181</b>   |
| 2.1 TITLE   | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  | <b>Kaiser, A. J</b>   |
| 2.3 STREET ADDRESS                                    | <b>13702 Biscayne Blvd.</b>   |
| 2.4 CITY-ST-ZIP                                       | <b>North Miami Beach, FL. 33181</b>   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY-ST-ZIP                                       |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **July 27 1999** 305-940-9100

CR2E034 (5/99)

# CARDINAL TRADING GROUP, INC.

Phone (305) 940-9100  
Fax (305) 940-9109

13702 Biscayne Blvd.  
North Miami Beach, Fl. 33181

589952-90016-8  
V58069

July 9, 1999

Division Of Corporations  
Annual Reports Filings  
P O Box 1500  
Tallahassee, Florida 32302-1500

Gentlemen,

For the first time this year I have received the 1999 Profit Corporation Annual Report Packet. However, they arrived with penalties with no regards for the Corporations. We have not received your first copy of this Annual Report. My company started in Florida in 1992. Cardinal Trading Group, Inc. has made its contributions to Florida. What I'm telling you is that the Corporation that I operated in Florida we always run properly and that I feel that the penalty imposed are actually not due since I had not received them before last week, I want to only pay the regular fee of \$150.00 each as I paid last year.

I feel that as a citizen and a Business Man in Florida for 7 years you can take my word, for what I tell you. Remember the mail service is not always right.

Looking forward to receiving your acceptance.

I Remain  
Very Truly Yours,

  
Avram Jay Kaiser

