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

## Mar 10 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham \* ANNUAL REPORT Secretary of State Socretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (2)ANDERSEN TRADING INCORPORATED Principal Place of Business Mailing Address 272 BAL BAY DR 272 BAL BAY DR BAL HARBOUR FL 33154 BAL HARBOUR FL 33154 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/19/1992 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 65-0366735 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip , Zipi Country Country This corporation owes or has paid the current year Intangible Yes □ No 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 JACOBSON, RICHARD A ANDREECCU % FOWLER WHITE GILLEN BOGGS & BANKER PA 82 501 E KENNEDY BLVD SUITE 1700 83 **TAMPA FL 33602** 84 City HARBOUR 08. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered by change was authorized by the corporation's board of directors. I hereby accept the appointment as registered tion 507,0505. Florida Statutes. 11. Pursuant to the provisions of Section office or registered as agent. I am familiar v SIGNATURE Registered Agent signature required when rainslating) 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS DELETE TITI.E 1.1 TITLE \_\_ Change ☐ Addition ANDREESCU, RAZVAN V NAME 1.2 NAME 272 BAL BAY DR STREET ADDRESS 1.3 STREET ADDRESS **BAL HARBOUR FL 33154** 1.4 CITY-ST-ZIP CITY+ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3 1 TITLE ☐ Change ☐ Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5 1 TITLE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 61 TITLE ZITLE

6.2 NAME

14. Thereby 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 armual report or supplemental armufal 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 of the received 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 in director with an address.

6.3 STREET ADDRESS

RIAMOREBSCU, DIR.

6.4 CITY - ST - ZIP

NAME

STREET ADDRESS

SIGNATURE (

CITY-ST-ZIP

7 305-864-1579

**FILED**