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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **V74104**

1. Corporation Name

	T FXCHANGE		

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90192 028 ***150.00



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Principal Plac	e of Business	Mailing Address				$\neg \neg$		B((\$() B\$() \$(\$\$)		, 41811 614 1	4 MINU DIGIT	158 H VIDIE 1891
19371 SOUTH	DIXIE HIGHWAY	19371 SOUTH DIXIE HIG	HWAY			- 1						
MIAMI FL 33157 MIAMI FL 33157						-	DO NOT WRITE IN THIS SPACE					
j										I HIS SI	PACE	
i '							10/23/1		alited			
2. Principal P	Place of Business	2a. Mailing Address					4. FEI Numb				Ap	plied For
21	_	26					65-0390	<u> </u>			No	t Applicable
Suite, Apt.	.#,.etc	Suite, Apt. #, etc.		_=_		أستريب	5 Certificate	of Status Desi	ed 🗆		7	Additional
22		27	_							•	Fee Re	equired
City & Stat	te · ·	City & State				ľ	6. Election C	ampaign Finar	icing 🗆		\$5.00	
23	<u> </u>	28					Trust Fun	d Contribution			Added t	o Fees
Zip	Country	Zip	Col	untry			8. This corpo	oration owes the	e current ye	_	<u>-</u>	_
24	25	29	30					Property Tax.	<u></u>		_] Yes	□No
	9. Name and Address of Current	Registered Agent		 			10. Name an	d Address of I	New Regis	tered Ag	gent	
	TAU 1110/ED 01:157F0ED			81	Name					•		
	ERILAWYER CHARTERED			82	Street	Addres	s (P.O. Box Ni	ımber is Not A	cceptable)			
1 0	ALMERIA AVENUE				0001	, (44.00	o (r .o. box		, , , , , , , , , , , , , , , , , , ,	•		
COF	RAL GABLES FL 33134			83								
}	•			124	011						85 Zip (~odo
1				84	City					FL	85 Zip (Joue
office or₁	to the provisions of Sections 607.0502 registered agent, or both, in the State cam familiar with, and accept the obligation	of Florida. Such change was	autnonze	ea by t	ine corpi	oration's	s board of dire	ctors. I hereby	accept the	appointr	ment as re	gistered
SIGNATURE												
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent		required w	hen reinstating)	OCUANCES T		ATE	DIRECTO	MDS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registere	d Agent		required w		S/CHANGES T		RS AND		
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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:

SIGNATURE AND TYPED OR P