

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F01065 (4)**  
1. Corporation Name

**GARON TRADING CORPORATION**



Principal Place of Business: **1101 N.E. 34TH COURT  
P.O. BOX 24803  
FT. LAUDERDALE FL 33334  
US**

Mailing Address: **1101 N.E. 34TH COURT  
P.O. BOX 24803  
FT. LAUDERDALE FL 33334  
US**

3. Date Incorporated or Qualified: **10/09/1980**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2030121**

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. 190.03? Florida Statutes:  Yes  No

2. Principal Place of Business: **1500 NW 49 ST**

2a. Mailing Address: **PO BOX 24803**

21. Suite, Apt #, etc: **SUITE 606**

27. Suite, Apt #, etc:

23. City & State: **FT. LAUDERDALE, FL**

28. City & State: **FT. LAUDERDALE, FL**

24. Zip: **33309**

25. Country:

29. Zip: **33307**

30. Country:

9. Name and Address of Current Registered Agent

**ALBRECHT, MARGARET D  
1703 NE 48TH STREET  
FT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81. Name:

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

83. City:

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) DATE: \_\_\_\_\_ (DATE Registered Agent's signature required when being filed)

12. OFFICERS AND DIRECTORS

TITLE	PCM	<input type="checkbox"/> DELETE
NAME	ALBRECHT, SYDNEY H.E.	
STREET ADDRESS	1703 NE 48 STREET	
CITY - ST - ZIP	FORT LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MOSQUERA, JOSE B.	
STREET ADDRESS	1703 NE 48 STREET	
CITY - ST - ZIP	FORT LAUDERDALE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ALBRECHT, MARGARET D.	
STREET ADDRESS	1703 NE 48 STREET	
CITY - ST - ZIP	FORT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBRECHT-HALL, YVONNE	
STREET ADDRESS	9508 WANDERING WAY	
CITY - ST - ZIP	COLUMBIA MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEONARD, JACQUELINE D.	
STREET ADDRESS	8048 RED JACKET WAY	
CITY - ST - ZIP	JESSUP MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEPALMA, MICHELE	
STREET ADDRESS	1703 N.E. 48TH STREET	
CITY - ST - ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>ARENA, MICHELE</b>	
63 STREET ADDRESS	<b>5910 NW 63RD PLACE</b>	
64 CITY - ST - ZIP	<b>PARKLAND, FL 33067</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Sydney H.E. Albrecht **SYDNEY H.E. ALBRECHT** 6/24/96 (954) 491-8818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)