

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 NOV 17 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000001696 (0)

1. Corporation Name
INTERACID TRADING, S.A.

Principal Place of Business: 2139 N. BEACHWOOD DR. LOS ANGELES CA 90068-3403 OC
Mailing Address: 6201 SUNSET BLVD. SUITE 26 LOS ANGELES CA 90028-8704

3. Date Incorporated or Qualified: 04/03/1997
4. FEI Number: APPLIED FOR 98 0156964
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. City & State Zip Country
2a. Mailing Address: 26 Suite, Apt. #, etc. City & State Zip Country

9. Name and Address of Current Registered Agent
WILSON, JAMES C
102 W. WHITING ST., STE. 500
TAMPA FL 33602

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
C JENZER, GUNTER IM KAMP 24 D-46236 BOTTROP
C CHOLLET-DURAND, JACQUES 2, CH. DE GRENIERS CH-1522 LUCENS
D SCHNEIDER, PATRICK 22, CH. DE DAILLETES CH-1009 PULLY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: 600002692816-2
1.2 NAME: -11/20/98-01066-001
1.3 STREET ADDRESS: ****550.00 ****550.00
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:

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____
A. POONS CPA 6/23/98 (323) 9936220

CR2E034 (10/97)