

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

FILED

**Jan 16 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **K17491** (7)
1. Corporation Name
OCEAN TRADING (USA), INC.



Principal Place of Business: 1510 SE 17TH ST, STE 200, FT. LAUDERDALE FL 33316, US
Mailing Address: 1510 SE 17TH ST, SUITE 200, FT. LAUDERDALE FL 33316, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/09/1988**

4. FEI Number: **65-0035286** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **HALL, NICHOLAS G, 1510 SE 17TH SUITE 200, FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent (81-85): **ADRIAN CORNISH, 1510 SE 17TH STREET, SUITE 200, FT LAUDERDALE FL 33316**

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: *Adrian Cornish* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | HOY, ANTHONY J. | |
| STREET ADDRESS | 1510 S.E. 17 STREET | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | DV | <input checked="" type="checkbox"/> DELETE |
| NAME | HALL, NICHOLAS | |
| STREET ADDRESS | 1510 S.W. 17 STREET | |
| CITY-ST-ZIP | ST. LAUDERDALE FL | |
| 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 | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | RENE JAFFLON | |
| 1.3 STREET ADDRESS | RAINSTRASSE 5 | |
| 1.4 CITY-ST-ZIP | 8103 UNTERKOPFSTRINGEN SWITZERLAND | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | MARKUS BRAUN | |
| 2.3 STREET ADDRESS | STEINACHERSTRASSE 15 | |
| 2.4 CITY-ST-ZIP | 8308 ILLHAU SWITZERLAND | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | RUEDI KELLER | |
| 3.3 STREET ADDRESS | GRABENWIES 79 | |
| 3.4 CITY-ST-ZIP | 8484 WEISSLINGEN SWITZERLAND | |
| 4.1 TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | ADRIAN CORNISH | |
| 4.3 STREET ADDRESS | 1510 SE 17TH STREET, SUITE 200 | |
| 4.4 CITY-ST-ZIP | FT LAUDERDALE FL 33316 | |
| 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: *Adrian Cornish* 1998/01/16 7:32:25

CR2E034 (10/97)