

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

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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K54135** (4)

1. Corporation Name
NEW-ERA TRADING GROUP, INC.



Principal Place of Business 285 N. CLW-LAGO RD LARGO FL 34640 US	Mailing Address 1901-17 WEST BAY DR SUITE 199 LARGO FL 34640 US
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2. Principal Place of Business 21 835 Suite, Apt. #, etc. 22 City & State 23 Zip 33770 Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 12/15/1988	3a. Date of Last Report 01/24/1996
4. FEI Number 65-0093914	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. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent JACKSON, MORRIS L. 3116 W NORTH A STREET TAMPA FL 33609

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HOCKE, STEVEN	1.2 NAME	
STREET ADDRESS	7511 NW FIRST COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SAYAO, JOAO BATISTA	2.2 NAME	
STREET ADDRESS	1798 SUFFOLD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAO PAULO BR	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	VOLCKER, HANS F.	3.2 NAME	
STREET ADDRESS	2530 HIBISCUS DR. W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☒ Change ☒ Addition
NAME	JACKSON, MORRIS	4.2 NAME	D, S JACKSON MORRIS
STREET ADDRESS	3116 W NORTH A STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	J. STUART GRANT
STREET ADDRESS		5.3 STREET ADDRESS	835 N. CLW-LAGO RD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LARGO, FL 33770
TITLE		6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	RON MAILETT - D, V
STREET ADDRESS		6.3 STREET ADDRESS	4502 IRVINGTON AVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210

14. I do 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: **J. STUART GRANT** REQUEST **J. STUART GRANT - PRESIDENT 1/20/96**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **8/3 58/7053**

CR2E034 (9/96)