

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M31489 (1)**
1. Corporation Name
MIXNI DYNAMIC TRADE, INC.



Principal Place of Business: **2355 SALZEDO STREET, SUITE 310 P.O. BOX 141688 CORAL GABLES FL 33114-8688**
Mailing Address: **2355 SALZEDO STREET, SUITE 310 P.O. BOX 141688 CORAL GABLES FL 33114-8688**

3. Date Incorporated or Qualified: **05/05/1986**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26 4545 N.W. 7 STREET**
Suite, Apt. #, etc.: **22 SUITE 12**
City & State: **27 MIAMI, FLORIDA**
Zip: **24 33126** Country: **25 U.S.A.**

4. FEI Number: **59-2669692**
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
**IZQUIERDO, NICOLAS
2899 COLLINAS AVENUE, #720
MIAMI BEACH FL 33140**

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 registering) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	VS	<input type="checkbox"/> DELETE
NAME	IZQUIERDO, NICOLAS	
STREET ADDRESS	2899 COLLINS AVE, #720	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	IZQUIERDO, NICOLAS	
STREET ADDRESS	2899 COLLINS AVE, #720	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	IZQUIERDO, NICOLAS	
STREET ADDRESS	2899 COLLINS AVE, #720	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	IZQUIERDO, NICOLAS	
1.3 STREET ADDRESS	2660 S.W. 37 AVENUE, #700	
1.4 CITY-ST-ZIP	MIAMI, FL 33133	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nicolas Izquierdo **NICOLAS IZQUIERDO** APR 20 1998
DATE: 305-441/9991 DAYTIME PHONE: _____

CR2E034 (12/95)