

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M72962** (7)
 1. Corporation Name
CAPITAL TRADING AND DISTRIBUTING, INC.



Principal Place of Business: **260 CRANDON BLVD SUITE 32-166 KEY BISCAIYNE FL 33149**
 Mailing Address: **260 CRANDON BLVD SUITE 32-166 KEY BISCAIYNE FL 33149**

3. Date Incorporated or Qualified: **03/21/1988**
 3a. Date of Last Report: **06/16/1995**
 4. FFI Number: **65-0050428**
 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

2. Principal Place of Business: 21 State, Apt., Etc.: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 State, Apt., Etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**FUENTES, ANTONIO
 170 OCEAN LANE DR
 APT. 808
 KEY BISCAIYNE FL 33149**

10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL** 85

11. Pursuant to the provisions of Sections 607.06(9) and 607.1506, 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 607.06(9), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
 PD NAME: **SANTANA, HUMBERTO, JR.** [] DELETE
 STREET ADDRESS: **170 OCEAN LN DR #808**
 CITY, ST, ZIP: **KEY BISCAIYNE FL**
 TITLE: **V**
 NAME: **FUENTES, ANTONIO** [] DELETE
 STREET ADDRESS: **170 OCEAN LAND DR #808**
 CITY, ST, ZIP: **KEY BISCAIYNE FL**
 TITLE: [] DELETE
 NAME: [] DELETE
 STREET ADDRESS: [] DELETE
 CITY, ST, ZIP: [] DELETE
 TITLE: [] DELETE
 NAME: [] DELETE
 STREET ADDRESS: [] DELETE
 CITY, ST, ZIP: [] DELETE
 TITLE: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12
 11 TITLE: [] Change [] Addition
 12 NAME: [] Change [] Addition
 13 STREET ADDRESS: [] Change [] Addition
 14 CITY, ST, ZIP: [] Change [] Addition
 22 NAME: [] Change [] Addition
 23 STREET ADDRESS: [] Change [] Addition
 24 CITY, ST, ZIP: [] Change [] Addition
 32 NAME: [] Change [] Addition
 33 STREET ADDRESS: [] Change [] Addition
 34 CITY, ST, ZIP: [] Change [] Addition
 41 TITLE: [] Change [] Addition
 42 NAME: [] Change [] Addition
 43 STREET ADDRESS: [] Change [] Addition
 44 CITY, ST, ZIP: [] Change [] Addition
 51 TITLE: [] Change [] Addition
 52 NAME: [] Change [] Addition
 53 STREET ADDRESS: [] Change [] Addition
 54 CITY, ST, ZIP: [] Change [] Addition
 61 TITLE: [] Change [] Addition
 62 NAME: [] Change [] Addition
 63 STREET ADDRESS: [] Change [] Addition
 64 CITY, ST, ZIP: [] Change [] Addition

14. I declare, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(k), Florida Statutes. I further certify that the information included on this annual report or successor annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 I am not a shareholder with an address.

SIGNATURE: *Antonio Fuentes*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ANTONIO FUENTES, JR**

2-14-96 305-477-4666
 DAYTON PHONE #

CR2E034 (12/95)