

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

**FILED**

**May 11 1998 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P93000014848 (4)**  
 1. Corporation Name  
**AMERICANA TRADING ENTERPRISES, INCORPORATED**



Principal Place of Business 6555 NW 9TH AVE FT LAUDERDALE F 33309 US	Mailing Address P.O. BOX 9474 FT LAUDERDALE FL 33310-9474 US
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/26/1993</b>	4. FEI Number <b>65-0534985</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	25. Country
29. Zip	30. Country

**9. Name and Address of Current Registered Agent**  
**LEWIS, GREGORY**  
**1291 A POWERLINE RD**  
**SUITE 180**  
**POMPANO BEACH FL 33069**

**10. Name and Address of New Registered Agent**

81. Name <b>James Bertoncini</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>2200 S. Ocean Lane #1217</b>
83. City <b>Fort Lauderdale</b>
84. State <b>FL</b>
85. Zip Code <b>33316</b>

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: *James Bertoncini* 4/15/98  
Signature, typed or printed name of registered agent and tick if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEWIS, GREGORY</b>	
STREET ADDRESS	<b>1291 A POERLINE RD SUITE 180</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>James Bertoncini</b>	
1.3 STREET ADDRESS	<b>2200 S. Ocean Lane #1217</b>	
1.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33316</b>	
2.1 TITLE	<b>Assistant Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Humberto Guilleno</b>	
2.3 STREET ADDRESS	<b>21500 Johnson Street</b>	
2.4 CITY-ST-ZIP	<b>Pembroke Pines, FL 33029</b>	
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 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: *James Bertoncini* 4/15/98

CR2E034 (10/97)