

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000025139 (5)

1. Corporation Name
GEMCOR TRADING LTD. INC.



Principal Place of Business: **930 WASHINGTON AVE. MIAMI FL 33139**
Mailing Address: **930 WASHINGTON AVE. MIAMI FL 33139**

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

3. Date Incorporated or Qualified: **04/05/1993** 3a. Date of Last Report: **04/18/1995**
4. FID Number: **65-0417392** 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. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HEISS, CAROLYN
930 WASHINGTON AVE.
MIAMI FL 33139**

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

11. Pursuant to the provisions of Sections 607.01(2) and (4)(c), 607.01(3)(b), 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 full provisions of Sections 607.01(2), (3)(b), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS
1. TITLE: **PS** DELETE
2. NAME: **HEISS, RICHARD**
3. STREET ADDRESS: **930 WASHINGTON AVENUE, #201**
4. CITY, ST, ZIP: **MIAMI BEACH FL**
5. TITLE: **VPT** DELETE
6. NAME: **HEISS, CAROLYN**
7. STREET ADDRESS: **930 WASHINGTON AVENUE, #201**
8. CITY, ST, ZIP: **MIAMI BEACH FL**
9. TITLE: DELETE
10. NAME: DELETE
11. STREET ADDRESS: DELETE
12. CITY, ST, ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
2. NAME: Change Addition
3. STREET ADDRESS: Change Addition
4. CITY, ST, ZIP: Change Addition
5. TITLE: Change Addition
6. NAME: Change Addition
7. STREET ADDRESS: Change Addition
8. CITY, ST, ZIP: Change Addition
9. TITLE: Change Addition
10. NAME: Change Addition
11. STREET ADDRESS: Change Addition
12. CITY, ST, ZIP: Change Addition

14. I do hereby certify that the information supplied in this filing was voluntarily furnished and does not comply for an exemption stated in Section 119.07(2)(k), Florida Statutes. I further certify that the information indicated on this form is true and correct or supervised or authorized by the corporation 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 authorized agent of the corporation and consent to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of officer or director. I made it with an address:

SIGNATURE: *Carolyn Heiss*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4-12-96 (305) 532-8383

CR2E034 (12/95)