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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000063334

1. Corporation Name
 TRADERS OF MIAMI, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 09/10/1993

4. FEI Number 65-0434377 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 owes the current year intangible Personal Property Tax. Yes No

Principal Place of Business: 6159 NW 72 AVE, MIAMI FL 33166, US

Mailing Address: P.O. BOX 4308, HIALEAH FL 33014, US

2. Principal Place of Business: 21 8450 NW 70 ST, 22 Suite, Apt. #, etc., 23 MIAMI FL, 24 33166, 25 USA

2a. Mailing Address: 26 P.O. BOX 4308, 27 Suite, Apt. #, etc., 28 HIALEAH FL, 29 33014, 30 US

9. Name and Address of Current Registered Agent
 CANELA, LISSETTE
 6159 NW 72ND AVE
 MIAMI FL 33166

10. Name and Address of New Registered Agent
 81 Name: Heriberto Canela
 82 Street Address (P.O. Box Number is Not Acceptable): 8454 NW 70 ST
 83
 84 City: HIA, FL 85 Zip Code: 33014

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: *Lissette Canela* (NOTE: Registered Agent signature required when reissuing) DATE: 4/13/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	CANELA, HERIBERTO 8027 W 14TH AVE HIALEAH FL	1.1 TITLE: Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		1.2 NAME: ERIC KOCHMAN	
		1.3 STREET ADDRESS: 17186 SW 116 AVE	
		1.4 CITY-ST-ZIP: HIA FL 33177	
TITLE: VS	CANELA, LISSETTE 8027 W 14TH AVE HIALEAH FL	2.1 TITLE: SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME: LISSETTE CANELA	
		2.3 STREET ADDRESS: 8027 W 14 AVE	
		2.4 CITY-ST-ZIP: HIA FL 33014	
		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:	

CR2E034 (1/98)

I 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 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 Section 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lissette Canela* LISSETTE CANELA 1/11/99 (305) 597-1664