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95 MAY -2 AM 8: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P94000003229 (9)**

1. Corporation Name
ECONOMIC TRADING INC.

Principal Place of Business: **312 HOLIDAY DR HALLANDALE FL 33009**

Mailing Address: **312 HOLIDAY DR HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc (22) City & State (23) Zip (24) Country

2a. Mailing Address (26) Suite, Apt. #, etc (27) City & State (28) Zip (29) Country

3. Date Incorporated or Qualified: **01/13/1994**

3a. Date of Last Report

4. FEI Number: **65-0467406**

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 (3)(2), Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**MIZRACHI, BENJAMIN
312 HOLIDAY DR
HALLANDALE FL 33009**

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 resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZRACHI, BENJAMIN	1.2 NAME	
STREET ADDRESS	312 HOLIDAY DR	1.3 STREET ADDRESS	
CITY ST ZIP	HALLANDALE FL 33009	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZRACHI, NAFTALI	2.2 NAME	
STREET ADDRESS	312 HOLIDAY DR	2.3 STREET ADDRESS	
CITY ST ZIP	HALLANDALE FL 33009	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZRACHI, RITH	3.2 NAME	
STREET ADDRESS	312 HOLIDAY DR	3.3 STREET ADDRESS	
CITY ST ZIP	HALLANDALE FL 33009	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 110.07(6)(b), 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: *Benjamin Mizrachi* **BENJAMIN MIZRACHI** 4/17/95 (305) 592-7969

DATE: _____