

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---------------------------------------	---	--

DOCUMENT # P94000057967 (9)
1. Corporation Name
SOUTH NORTH WAY TRADING, INC.



Principal Place of Business 4289 S. REFELTIONS BLVD SUITE 205 SUNRISE FL 33351 US	Mailing Address 4289 REFLECTIONS BLVD SUITE 205 SUNRISE FL 33351-8251 US
---	--

3. Date Incorporated or Qualified 08/05/1994	3a. Date of Last Report 05/01/1996
---	---------------------------------------

2. Principal Place of Business 21 10200 NW 47th Street Suite, Apt. #, etc. 22 City & State 23 Sunrise, FL 33351 Zip 24 33351 Country 25 USA	2a. Mailing Address 26 10200 NW 47th Street Suite, Apt. #, etc. 27 City & State 28 Sunrise, FL Zip 29 33351 Country 30 USA
---	--

4. FEI Number 65-0509661	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CARDOSO, FRANCISCO H
4289 S. REFLECTIONS BLVD
SUITE 205
SUNRISE FL 33351

10. Name and Address of New Registered Agent
81 Name Juliana Franca
82 Street Address (P.O. Box Number is Not Acceptable) 941 NE 19th Ave
83 Suite 306A
84 City Fort Lauderdale FL 85 Zip Code 33304

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: Juliana Franca DATE: 4/28/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CARDOSO, FRANCISCO H	
STREET ADDRESS	4289 S. REFLECTIONS BLVD	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	SAME AS ABOVE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	SAME AS ABOVE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	SAME AS ABOVE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DJACI ALVES DE FREITAS
2.3 STREET ADDRESS	10200 NW 47th Street
2.4 CITY-ST-ZIP	Sunrise, FL 33351
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TREASURER
3.3 STREET ADDRESS	DJACI ALVES DE FREITAS
3.4 CITY-ST-ZIP	10200 NW 47th Street
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SECRETARY
4.3 STREET ADDRESS	FRANCISCO H CARDOSO
4.4 CITY-ST-ZIP	10200 NW 47th Street
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 do 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 of this report or in an attachment with an address.
SIGNATURE: Juliana Franca PRESIDENT DATE: 4/28/97 (951) 462-0921

CR2E034 (9/96)