

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P94000062694 (2)**
 1. Corporation Name

FLORIDA VALO TRADING CORPORATION



Principal Place of Business: **9855 BROADVIEW TER BAY HARBOUR ISLAND FL**
 Mailing Address: **9855 BROADVIEW TER BAY HARBOUR ISLAND FL**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1025 Kane Concourse	26	1025 KANE CONCOURSE	08/25/1994	06/20/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 217		27 217		65-0580745	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 BAY HARBOR ISLANDS, FL		28 BAY HARBOR ISLANDS, FL		<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33154	25	Country U.S.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
29	Zip 33154	30	Country U.S.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DANIELS, ANATOLY 3200 COLLINS AVE APT 87 MIAMI BEACH FL 33141				81	Name: IVANOV, VALERI		
				82	Street Address (P.O. Box Number is Not Acceptable): 1025 KANE CONCOURSE		
				83	SUITE 217		
				84	City: BAY HARBOR ISLANDS	FL	85 Zip Code: 33154

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: *[Signature]* DATE: 7/30/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVANOV, VALERI	1.2 NAME	
STREET ADDRESS	% 9855 BROADVIEW TER	1.3 STREET ADDRESS	1025 KANE CONCOURSE SUITE 217
CITY - ST - ZIP	BAY HARBOUR FL	1.4 CITY - ST - ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVANOV, IZOLDA	2.2 NAME	
STREET ADDRESS	% 9855 BROADVIEW TER	2.3 STREET ADDRESS	1025 KANE CONCOURSE, SUITE 217
CITY - ST - ZIP	BAY HARBOUR FL	2.4 CITY - ST - ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 7/30/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *[Signature]* IZOLDA

CR2E034 (3/96)