

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

PROFIT CORPORATION ANNUAL REPORT



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

FILED

99 NOV -1 AM 10: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000084920 (5)

M.F. GROUP CORP.

NC 10/23/99 Multi-Financial World Traders Corp.



Principal Place of Business
1001 BRICKELL BAY DR
SUITE 1714
MIAMI FL 33131

Mailing Address
1001 BRICKELL BAY DR.
SUITE 1714
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 1515 N. FEDERAL HWY

State, Apt. #, etc.

22 SUITE # 203

City & State

23 BOCA RATON

Zip

24 33432

Country

2a. Mailing Address

26 1515 N. FEDERAL HWY

Suite, Apt. #, etc.

27 SUITE # 203

City & State

28 BOCA RATON

Zip

29 33432

Country

30 PALM BEACH

3. Date Incorporated or Qualified

11/21/1994

4. FEI Number

65-0537189

Applied For

Not Applicable

6. 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 or has paid the current year Intangible Personal Property Tax due June 30

Yes

No

9. Name and Address of Current Registered Agent



FERNANDEZ, MANUELA
1515 N. FEDERAL HWY
SUITE # 203
BOCA RATON FL.
33432

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

** 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 _____ DATE _____
(NOTE: Registered Agent signature required when terminating)

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>12.1 NAME: PD FERNANDES, MANUEL A</p> <p>12.2 STREET ADDRESS: 1001 BRICKELL BAY DR., SUITE 1714</p> <p>12.3 CITY-STATE-ZIP: MIAMI FL 33131</p> <p>12.4 TITLE: [Redacted] <input checked="" type="checkbox"/> DELETE</p>	<p>13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.2 NAME: [Redacted]</p> <p>13.3 STREET ADDRESS: [Redacted]</p> <p>13.4 CITY-STATE-ZIP: [Redacted]</p>
<p>12.5 NAME: [Redacted] <input checked="" type="checkbox"/> DELETE</p> <p>12.6 STREET ADDRESS: [Redacted]</p> <p>12.7 CITY-STATE-ZIP: [Redacted]</p>	<p>21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>22 NAME: 000003040250--</p> <p>23 STREET ADDRESS: -11/09/99--01089--006</p> <p>24 CITY-STATE-ZIP: *****150.00 *****150.00</p>
<p>12.8 NAME: [Redacted] <input type="checkbox"/> DELETE</p> <p>12.9 STREET ADDRESS: [Redacted]</p> <p>12.10 CITY-STATE-ZIP: [Redacted]</p>	<p>31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>32 NAME: [Redacted]</p> <p>33 STREET ADDRESS: [Redacted]</p> <p>34 CITY-STATE-ZIP: [Redacted]</p>
<p>12.11 NAME: [Redacted] <input type="checkbox"/> DELETE</p> <p>12.12 STREET ADDRESS: [Redacted]</p> <p>12.13 CITY-STATE-ZIP: [Redacted]</p>	<p>41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>42 NAME: [Redacted]</p> <p>43 STREET ADDRESS: [Redacted]</p> <p>44 CITY-STATE-ZIP: [Redacted]</p>
<p>12.14 NAME: [Redacted] <input type="checkbox"/> DELETE</p> <p>12.15 STREET ADDRESS: [Redacted]</p> <p>12.16 CITY-STATE-ZIP: [Redacted]</p>	<p>51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>52 NAME: [Redacted]</p> <p>53 STREET ADDRESS: [Redacted]</p> <p>54 CITY-STATE-ZIP: [Redacted]</p>
<p>12.17 NAME: [Redacted] <input type="checkbox"/> DELETE</p> <p>12.18 STREET ADDRESS: [Redacted]</p> <p>12.19 CITY-STATE-ZIP: [Redacted]</p>	<p>61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>62 NAME: [Redacted]</p> <p>63 STREET ADDRESS: [Redacted]</p> <p>64 CITY-STATE-ZIP: [Redacted]</p>

14. I 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 included 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: MANUEL FERNANDES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-98
10/28/99

(561)-347-9161
(305)-371-1991
0178818

CR2E034 (10/97)

Multifinancial World Traders Corp

Atrium Financial Center
1515 North Federal Highway suite 203
Boca Raton, FL 33432-1954

Tel: (561) 347-9161
Fax: (561) 347-6693

2

OCTOBER 28, 1999

DIVISION OF CORPORATIONS
ANNUAL REPORT- REINSTATEMENT SECTION
P.O.BOX 6327
TALLAHASSEE FL 32314-6327

RE: DOC.# P97000042093

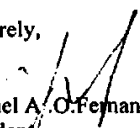
Dear Sir/ Madam,

I have received your notice of administrative dissolution of my Company. I am sorry, I did not received your first or second notice to renew which may be due to my change of address and accountant. Our new address is as stated above. I have contacted your office by phone and was instructed to forward this letter and my check.

I am new to your country and was not aware of your laws, please forgive my ignorance as it is my deepest desire to comply with the your requirements. Enclosed is my check in the amount of \$150.00 for filing fee and a copy of my payment form.

Thank you for your attention.

Sincerely,


Manuel A. O. Fernandes
President