

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000017258 (1)

1. Corporation Name
UNIVERSE TRADING CORPORATION



Principal Place of Business 430 MALAGA AVE- SUITE 4 CORAL GABLES FL 33134	Mailing Address 430 MALAGA AVE- SUITE 4 CORAL GABLES FL 33134-0555
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3. Date Incorporated or Qualified 03/01/1995	3a. Date of Last Report 04/04/1996
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2. Principal Place of Business 21 1630 SW 1st AVE Suite, Apt. #, etc. 22 S - 9B City & State 23 MIAMI FL Zip 24 33129	2a. Mailing Address 26 1630 SW 1st AVE Suite, Apt. #, etc. 27 S - 9B City & State 28 MIAMI FL Zip 29 33129 Country 30 USA
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4. FEI Number 65-0563094	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

EUGENIO, JOCE K.E.
**430 MALAGA AVENUE-
SUITE 4
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1630 SW 1st AVE
83	SUITE 9B
84 City	MIAMI
85 Zip Code	FL 33129

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGENIO, JOCE K E	1.2 NAME	
STREET ADDRESS	430 MALAGA AVENUE, SUITE 4	1.3 STREET ADDRESS	1630 SW 1st AVE S - 9B
CITY - ST - ZIP	CORAL GABLES FL 33134	1.4 CITY - ST - ZIP	MIAMI FL 33129
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMENDRA, FRANCISCO	2.2 NAME	
STREET ADDRESS	430 MALAGA AVENUE, SUITE 4	2.3 STREET ADDRESS	1630 SW 1st AVE S - 9B
CITY - ST - ZIP	CORAL GABLES FL 33134	2.4 CITY - ST - ZIP	MIAMI FL 33129
TITLE		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		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 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 if changed, or on an attachment with an address.

SIGNATURE: **EUGENIO 4/8/97 (305) 3791525**

CR2E034 (9/96)