

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000074324 (1)

1. Corporation Name
SIGAL TRADING, INC.



Principal Place of Business: **1420 S.W. 82ND TERR., #1015 PLANTATION FL 33324**
Mailing Address: **1420 S.W. 82ND TERR., #1015 PLANTATION FL 33324**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 1420 4781 NW 88 Ave	26 Scrub	09/26/1995	New
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
23 Sunrise, Florida	28 Sunrise, Florida	65-0617535	<input type="checkbox"/> Applied For / <input type="checkbox"/> Not Applicable
24 33351	29 33351	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25 Florida	30 USA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
g. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PORTAL ARIE 1420 S.W. 82ND TERR., #1015 PLANTATION FL 33324		10. Name and Address of New Registered Agent	
		81 Name	Arie Portal
		82 Street Address (P.O. Box Number is Not Acceptable)	4781 NW 88TH AVE
		83	
		84 City	Sunrise
		85 State	FL
		86 Zip Code	33351

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 office or registered agent familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Arie Portal* **Arie Portal** President **7/24/96**
Signature typed or printed below: **Arie Portal** Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTAL, ARIE	1.2 NAME	Portal, Arie
STREET ADDRESS	1420 S.W. 82ND TERR., #1015	1.3 STREET ADDRESS	4781 NW 88TH AVE
CITY-STATE-ZIP	PLANTATION FL 33324	1.4 CITY-STATE-ZIP	SUNRISE, FL 33351
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
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-STATE-ZIP		3.4 CITY-STATE-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-STATE-ZIP		4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-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)(a), 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 or changed or on an attachment with an address.

SIGNATURE: *Arie Portal* **Arie Portal** President **7/24/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)