

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000078973 (1)

1. Corporation Name
INTER-USA TRADING CORP.



Principal Place of Business Mailing Address
151 S.E. 15TH ROAD APT. 2702 MIAMI FL 33129
3791 NW 25th St Miami FL 33142
151 S.E. 15TH ROAD APT. 2702 MIAMI FL 33129
Same

3. Date Incorporated or Qualified **10/13/1995** 3a. Date of Last Report
4. FEI Number **65-0620072** Applied For Not Applicable
5. 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **3791 NW 25th ST** 26 **3791 NW 25th ST**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Miami FL** 28 **Miami, FL**
Zip Country Zip Country
24 **33142** 25 **USA** 29 **33142** 30 **USA**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
ROCKFORD, ARNOLD
300 SEVILLA AVE.
SUITE 216
CORAL GABLES FL 33134
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D, S <input type="checkbox"/> DELETE	1 1 TITLE	Kerry KOZIALC (V) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, JOSE A	12 NAME	1820 S. Treasure Dr. #402
STREET ADDRESS	151 S.E. 15TH RD APT. 2702	13 STREET ADDRESS	N. Bay Village FL 33141
CITY-ST-ZIP	MIAMI FL 33129	14 CITY-ST-ZIP	
TITLE	V.P. <input type="checkbox"/> DELETE	2 1 TITLE	Jose A. Garcia (S) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kerry KOZIALC	22 NAME	151 SE 15th Rd Apt. 2702
STREET ADDRESS	1820 S. Treasure Dr. #402	23 STREET ADDRESS	Miami FL 33129
CITY-ST-ZIP	N. Bay Village, FL 33141	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	000001838400
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	-05724796--01035--0 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	***200.00
STREET ADDRESS		63 STREET ADDRESS	<i>5/1/96</i>
CITY-ST-ZIP		64 CITY-ST-ZIP	<i>32</i>

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *Kerry Kozialc* *Jose A. Garcia* **3/4/96** **305-634-6860**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (12/95)