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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000053176 (9)

INTERACTIVE TRADING CORP

Principal Place of Business

Mailing Address

FILED May 05 1997 8:00am Secretary of State



B21 COLLINS AVE., APT, 504 MIAMI BEACH FL 33139			B21 COLLINS AVE., APT. 504 MIAMI BEACH FL 33139-5837					
						3. Date incorporated or Qualified 06/21/1996	3a. Date of La	st Report
2. Principal Place of Business 2a. Mailing Address			ss			4, FEI Number		Applied For
21		26	6			65-087427	6	Not Applicable
Suite, Apt #, etc			Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & Sta	ale	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Ζ(ε) 24				Country	ntry 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	g, Name and Address of	Current Registered Agent				10. Name and Address of New Re	gistered Agent	
FR	ANCO, JOSE A			81	Name			
821 COLLINS AVE., APT. 504 MIAMI BEACH FL 33139				82 Street Ad		ddress (P.O. Box Number is Not Acceptable)		
1718				83				
				84	City		FL 85	ip Code
office or agent 1	r registered agent, or both, in the lam familiar with, and accept the	e State of Florida. Such chang	e was authori	ized by	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changil It the appointmen	ng its registered t as registered
SIGNATURE	Signature, typed or printed name of regis	stered agent and tric if applicable	(NOTE: Regist	tered Agen	iuper erutangia f	red when reinstating)	DATE	
12.	OFFICE	RS AND DIRECTORS	1	3.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE	D	☐ DEL	ETE 1:	1 TITLE			☐ Char	ge 🔲 Addition
NAME	FRANCO, JOSE A	•	1.3	2 NAME				
STREET ADDRESS	s 821 Collins ave., apt	7. 504	1.3	3 STREET A	ODRESS			
DITY+ST-ZIP	MIAMI BEACH FL 33139		1.0	4 CITY-ST	-21P			_
TITLE		☐ DEL	ETE 2:	1 TITLE			Char	ge Addition
NAME			2.3	2 NAME	•	•		
STREET ADDRESS	s		2.	3 STREET A	DDRESS			
CITY- \$1 - 70°			2.	4 CITY-S	r- Z IP			
TIT: E		☐ DEL	ETE 3.	1 TITLE			Char	ige 🔲 Addition
NAME			3.3	2 NAME				
STREET ADURES:	s		3.	3 STREET A	ADDRESS			
CITY-ST-ZIP			3.	4. CITY-S	r-ZIP			
THLE	,							ige 🔲 Addition
		☐ DEL	ETE 4	1 TITLE			☐ Char	
NAME		☐ DEL	4.	2 NAME	İ		∟ Char	
NAME STREET ADDRESS	s	☐ DEL	4.		address		L Char	
STREET ADDRESS	S		4.	2 NAME 3 STREET A 4 CITY - ST	· •			
STREET ADDRESS	s	□ DEL	4. 4. 4. ETE 5.	2 NAME 3 STREET A 4 CITY - ST 1 TITLE	· •		☐ Char	
STREET ADDRESS	S		4. 4. 4. ETE 5.	2 NAME 3 STREET A 4 CITY - ST	· •			
STREET ADDRESS CITY-ST-ZIF TITLE			4. 4. 4. ETE 5.	2 NAME 3 STREET A 4 CITY - ST 1 TITLE	- ZIP			
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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 change?, or on an attachment with an address.

SIGNATURE: