


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

FILED
Apr 29 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 # P96000077561 (4)
 1. Corporation Name
FORTUNE INTERNATIONAL TRADING CORPORATION



Principal Place of Business 7 NW 2ND STREET STE 218 MIAMI FL 33128	Mailing Address 7 NW 2ND STREET STE 218 MIAMI FL 33128-1849
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3. Date Incorporated or Qualified 09/17/1996	3a. Date of Last Report
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2. Principal Place of Business 21 1001 BRICKELL BAY DR Suite, Apt. #, etc. 22 # 2310 City & State 23 MIAMI FL Zip 24 33131 25 DADE	2a. Mailing Address 26 1001 BRICKELL BAY DR Suite, Apt. #, etc. 27 # 2310 City & State 28 MIAMI FL Zip 29 33131 30 DADE
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4. FEI Number 65-0705022	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

b. Name and Address of Current Registered Agent
HENRIQUES, GENNIEVE
7 NW 2ND STREET STE 218
MIAMI FL 33128

10. Name and Address of New Registered Agent

81 Name HENRIQUES GENNIEVE
82 Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DR
83 MIAMI FL
84 City MIAMI FL
85 Zip Code 33131

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's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	NAME LARMOND, MORRIS	<input type="checkbox"/> DELETE
STREET ADDRESS 7090 NO MARKS AVENUE STE 104	CITY-ST-ZIP FRESNO CA 93711	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME LARMOND MORRIS	
1.3 STREET ADDRESS 4050 WALNUT CREEK TRL	
1.4 CITY-ST-ZIP ALPHARETTA GA 30202	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 _____ DATE _____

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