

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 1:18

DOCUMENT # **S01155 (8)**

1. Corporation Name
SELECTRADING, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **7270 NW 12 STR
STE 140
MIAMI FL 33126
US**

Mailing Address: **PO BOX 630202
MIAMI FL 33183
US**

3. Date Incorporated or Qualified: **09/11/1990**

3a. Date of Last Report: **02/09/1994**

4. FEI Number: **65-0219099**

Applied For: Applied For Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under 6, 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**

City & State: **27**

Zip: **24** Country: **25**

City & State: **28**

Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**JUNCADELLA, SALVADOR J., III
10260 S.W. 132 AVE.
MIAMI, 33186**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City **FL** **05 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: DATE: _____

Signature: _____ (Type last name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------------------|
| TITLE | D |
| NAME | JUNCADELLA, SALVADOR III |
| STREET ADDRESS | 10260 S.W. 132 AVE. |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 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 file hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 (whichever is applicable) in attachment with an address.

SIGNATURE: **SALVADOR J. JUNCADELLA III** 1/27/95 305-592-6674

SIGNATURE (TYPE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date (Typed Name)