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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 652163

**(7)** 

VARI-TRADE, INC.

SIGNATURE:

Principal Place of Business Mailing Address										
P O BOX 1408 P. O. BOX 140 CORAL GABLES	668	P O BOX 140668 P. O. BOX 140668 CORAL GABLES FL 331	P O BOX 140668							
						3. Date Incorporated or Qualified 01/14/1980		Date of Last R <b>/25/1996</b>	eport	
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number			plied For	
21		26				59-2097720		No	t Applicable	
Suite Apt. #. etc		Suite, Apt. #, etc.	7			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	¬ ´			6. Election Campaign Financing	_	\$5.00		
<b>23</b> ] Zip	Country	28  		untry		Trust Fund Contribution		Added (	<del></del>	
24	25	Zip <b>29</b>		uriliy		8. This corporation has liability for	intangible Yes	e tax under s. No	. 199.032,	
<u></u>	9. Name and Address of Cur		30	1		Florida Statutes  10. Name and Address of New Re		7	<del></del> -	
u.II	F. REGISTERED AGENT CORI			81	Name	10,	3.0.0.00			
	SEVILLA AVE.	•			<u> </u>					
	IAL GABLES FL 33134			82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)			
0011	INE ONDEED IE GOTOT			83						
				84	City		FL	<b>85</b> Zip (	Code	
SIGNATURE	Signature, typical or printed ranke of registere-	fagent and the if applicable II	NOTE Registere			tion's board of directors. I hereby acception is board of directors. I hereby acception in the control of the c	DATE			
12.	PS OFFICERS	AND DIRECTORS DELETE	13.	TI F	1	ADDITIONS/CHANGES TO OFFIC	ERS AN			
NAMÉ	FRANKFURTER, ROLF	ר ווייים ווייים	1.1 T 1.2 N					Change	Additio	
STREET ADDRESS	153 SEVILLA AVE.				ADDRESS					
CITY - ST ZIP	CORAL GABLES FL			ITY-S		•				
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NAME			2.2 N	IAME				_ ,		
STREET ADDRESS			2.3 S	TREET	ADDRESS					
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NAME			32 N	IAME						
STREET ACCIRESS			3.3 S	TREET	ADDRESS					
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NAME .		נן טניננונ	5.1 T 5.2 N					☐ Cualibe	Addition	
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NAME		<del></del>	6.2 N							
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP				ity-s	1					
informatio Lam an of	o indicated on this annual report of	or supplemental annual report n or the receiver or trustee emp	ualify for the is true and powered to	exe	mption stated	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 607, Florida S	il effect a	as if made und	der oath: tha	

Rals Frank Carter