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Apr 14 1997 8:00am
Secretary of State



PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P94000024838 (2)

1. Corporation Name

GATOR INTERTRADE, INC.

Principal Place of Business

7930 NW 36TH ST.
SUITE 23-157
MIAMI FL 33168-6666

Mailing Address

7930 NW 36TH ST.
SUITE 23-157
MIAMI FL 33168-6666

3. Date Incorporated or Qualified
03/31/1994

3a. Date of Last Report
08/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

~~NG, YOLANDA D.~~
~~2217 W. 69TH ST.~~
~~#2~~
~~HALEAH FL 33016~~

10. Name and Address of New Registered Agent

81 Name Ng, YOLANDA D
82 Street Address (P.O. Box Number is Not Acceptable)
2217 W. 69th St. #2
83
84 City Hialeah FL 85 Zip Code 33016

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

Signature type: typed or printed name of agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	NG, DOUGLAS R	
STREET ADDRESS	LAS CUMBRES, LA ROTONDA #106 SUR	
CITY - ST - ZIP	PANAMA, REP. OF PANAMA	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	ROJAS, MARIA C	
STREET ADDRESS	LAS CUMBRES, LA ROTONDA #106 SUR	
CITY - ST - ZIP	PANAMA, REP. OF PANAMA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	NG, YOLANDA D	
STREET ADDRESS	2217 W. 69TH ST. #2	
CITY - ST - ZIP	HALEAH FL 33016	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D P S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ng, DOUGLAS R	
1.3 STREET ADDRESS	LAS CUMBRES CALLE 12 #665	
1.4 CITY - ST - ZIP	PANAMA, Rep OF PANAMA	
2.1 TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROJAS, MARIA C	
2.3 STREET ADDRESS	LAS CUMBRES, CALLE 12 #665,	
2.4 CITY - ST - ZIP	PANAMA, Rep. OF PANAMA	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 1, 1997 3058236550

Date

Daytime Phone

CR2E034 (9/96)