

FILED
 May 06 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J58807
 1. Corporation Name

FLORIDA SALES & TRADING CORP.

Principal Place of Business Mailing Address
 11630 SW 99 STREET
 MIAMI, FLORIDA 33176

3. Date Incorporated or Qualified 3a. Date of Last Report
 07-05-96

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 2b. Suite, Apt. #, etc.
 22 City & State 23 City & State
 24 Zip Country 25 Zip Country

4. FEI Number Applied For
 59-2801652 Not Applicable
 5. Certificate of Status Desired \$5.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. This corporation has liability for intangible tax under s. 189.002, Florida Statutes Yes No

8. Name and Address of Current Registered Agent

LEANDRO NUNEZ S.
 2801 PONCE DE LEON BOULEVARD
 SUITE 400
 CORAL GABLES, FL 33134

9. Name and Address of New Registered Agent

91 Name SONIA E. AGUAYO
 92 Street Address (P.O. Box Number is Not Acceptable) 11630 S.W. 99 STREET
 93 City MIAMI FL 94 Zip Code 33176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 607.0508, Florida Statutes.

SIGNATURE SONIA E. AGUAYO *Sonia E. Aguayo* 4/16/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONIA E. AGUAYO	1.2 NAME	
STREET ADDRESS	11630 S.W. 99 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33176	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	700002176767
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-05/13/97--01067--049
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	**\$165.00
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: SONIA E. AGUAYO *Sonia E. Aguayo* 4/16/97 (305) 592-8216