

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

FILED
May 07 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 # P96000100852
 1. Corporation Name
NEP TRADING, CORP.

Principal Place of Business Mailing Address
10730 N.W. 7 Street Suite 3B
MIAMI, FLORIDA 33172

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/96		3a. Date of Last Report	
21 State, Apt. #, etc.	26 State, Apt. #, etc.	4. FEI Number 65-0715768		Applied For		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24 Zip Country	25 Zip Country	29 Zip Country		30 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CRUZ ENRIQUE URBANO 9581 FOUNTANBLEAU BLVD. #316 MIAMI, FLORIDA 33172				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President-Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ ENRIQUE URBANO	1.2 NAME	
STREET ADDRESS	9581 FOUNTANBLEAU BLVD. #316	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33172	1.4 CITY-ST-ZIP	
TITLE	Secretary-Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELLINA DE JESUS ALVAREZ	2.2 NAME	
STREET ADDRESS	9581 FOUNTANBLEAU BLVD. #316	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FLORIDA 33172	2.4 CITY-ST-ZIP	
TITLE	Treasurer-Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUSTIN ALVAREZ	3.2 NAME	
STREET ADDRESS	URB. SANTA EDUVIGIS #51 2a CALLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAGUA, ESTADO ARAGUA, VENEZUELA	3.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESUS ALBERTO URBANO	4.2 NAME	
STREET ADDRESS	CARRETERA VIA LOS TOQUE SECTOR MAMERA #25	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANTIMANO, CARACAS VENEZUELA	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	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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; 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 or changed, or on an attachment with an address

SIGNATURE: *[Signature]* DATE: **4/28/96** (305) 226-6096
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)