

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

**FILED**  
**Apr 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S01155 (8)**

1. Corporation Name  
**SELECTRADING, INC.**



Principal Place of Business 7270 NW 12 STR STE 140 MIAMI FL 33126 US	Mailing Address PO BOX 830202 MIAMI FL 33183 US
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DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business 21 <b>12491 SW 77th ST.</b> Suite, Apt. #, etc	2a. Mailing Address 26 <b>P.O. BOX 830202</b> Suite, Apt. #, etc.
City & State 23 <b>MIAMI FL 33183</b>	City & State 28 <b>MIAMI FLORIDA</b>
Zip 24 <b>33183</b>	Country 25 <b>US</b>
Zip 29 <b>33283</b>	Country 30 <b>US</b>

4. FEI Number  
**65-0219099**

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**JUNCADELLA, SALVADOR J., III**  
**10280 S.W. 132 AVE.**  
**MIAMI, 33186**

10. Name and Address of New Registered Agent

81 Name **JUNCADELLA, SALVADOR J. III**

82 Street Address (P.O. Box Number is Not Acceptable)  
**12491 SW 77th STREET**

83

84 City **MIAMI** FL 85 Zip Code **33183**

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 **SALVADOR J. JUNCADELLA, III** DATE **4-14-98**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JUNCADELLA, SALVADOR III</b>	
STREET ADDRESS	<b>10280 S.W. 132 AVE. 12491 SW 77th St.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>12491 SW 77th STREET</b>
1.4 CITY-ST-ZIP	<b>MIAMI FL 33183</b>
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 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 in an attachment with an address.

SIGNATURE: **SALVADOR J. JUNCADELLA** DATE: **4-14-98** PHONE: **305-412-1351**

CR2E034 (10/97)