

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 12491 SW 77th ST. Suite, Apt. #, etc	2a. Mailing Address 26 P.O. BOX 830202 Suite, Apt. #, etc.
City & State 23 MIAMI FL 33183	City & State 28 MIAMI FLORIDA
Zip 24 33183	Country 25 US
Zip 29 33283	Country 30 US

4. FEI Number 65-0219099	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

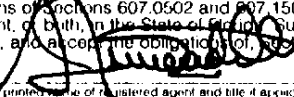
9. Name and Address of Current Registered Agent

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
85 Zip Code FL 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. JUNCAJELLA, III** DATE: **4-14-98**

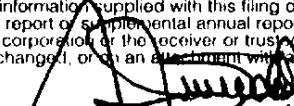
12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME JUNCADELLA, SALVADOR III	
STREET ADDRESS 10280 S.W. 132 AVE. 12491 SW 77th ST.	
CITY-ST-ZIP MIAMI FL 33183	
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 12491 SW 77th STREET	
1.4 CITY-ST-ZIP MIAMI FL 33183	
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 this address.

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

CR2E034 (10/97)