

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90234 009 ***150.00

DOCUMENT # P98000066379

Corporation Name INTER-ARMS TRADING, INC.

Principal Place of Business 117 NORTHEAST 1ST AVENUE ROOM 1519 MIAMI FL 33132 Mailing Address 117 NORTHEAST 1ST AVENUE ROOM 1519 MIAMI FL 33132



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1998

4. FEI Number

65-0853187

Applied For Not Applicable

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 the current year Intangible Personal Property Tax.

Yes No

21. Principal Place of Business 22. Mailing Address 23. City & State 24. Zip 25. Country 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. City & State 29. Zip 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134

81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS table with columns for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP and checkboxes for DELETE.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS table with columns for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP and checkboxes for Change and Addition.

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten signature

Handwritten date and phone number: (4/29/99 300-376-6306)

Date

Daytime Phone #