

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

**FILED**  
**Jan 27 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 394935 (1)**

1. Corporation Name  
**SOLFERINO TRADING CORP.**



Principal Place of Business P.O. BOX 987 PENSACOLA FL 32595-0987	Mailing Address P.O. BOX 987 PENSACOLA FL 32595-0987
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3. Date Incorporated or Qualified <b>02/01/1972</b>	3a. Date of Last Report <b>01/26/1996</b>
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2. Principal Place of Business 21 <b>600 W GARDEN ST</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. box 987</b> Suite, Apt. # etc.
22 City & State <b>Pensacola</b>	27 City & State <b>Pensacola</b>
23 Zip <b>32595-0987</b>	28 Country <b>FLORIDA</b>
24 Zip <b>32595</b>	30 Country <b>FLORIDA</b>

4. FEI Number <b>59-1422096</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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

**GRAY, JOHN**  
**3211 BAYSHORE SQUARE**  
**WARRINGTON FL 32507**

10. Name and Address of New Registered Agent

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

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 607.0075, Florida Statutes.

SIGNATURE: *John Gray* (NOTE: Registered Agent's signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>PDS</b>	<input type="checkbox"/>
NAME	<b>GRAY, JOHN</b>	
STREET ADDRESS	<b>3211 BAYSHORE SQUARE</b>	
CITY- ST- ZIP	<b>WARRINGTON FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY- ST- ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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(2)(i), Florida Statutes. I further certify that the information reported 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: *John Gray* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone: **0493488**

CR2E034 (9/96)