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Mar 11 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 # 476515 (2)

1. Corporation Name
GOLAN TRADING, INC.

Principal Place of Business

7792 TRAVELERS TREE DR
BOCA RATON FL 33433
US

Mailing Address

7792 TRAVELERS TREE DR
BOCA RATON FL 33433-6122
US



2. Principal Place of Business

21 5560 NE 33 AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 5560 NE 33 AVE
Suite, Apt. #, etc.

City & State

23 Ft Laud FL

City & State

28 Ft Laud FL

Zip

24 33308

Country

25 FL

Zip

29 33308

Country

30 FL

9. Name and Address of Current Registered Agent

GOLAN, EDNA
7792 TRAVELERS TREE DR
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name GOLAN EDNA
82 Street Address (P.O. Box Number is Not Acceptable)
5560 NE 33 AVE
83
84 City Ft Laud FL 85 Zip Code 33308

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: Edna Golan EDNA GOLAN 3/5/97 DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	GOLAN, MORDECHAI	
STREET ADDRESS	7792 TRAVELERS TREE DR	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GOLAN, EDNA	
STREET ADDRESS	7792 TRAVELERS TREE DR	
CITY - ST - ZIP	BOCA RATON FL	
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	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOLAN MORDECHAI	
1.3 STREET ADDRESS	5560 NE 33 AVE	
1.4 CITY - ST - ZIP	Ft Laud FL 33308	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GOLAN EDNA	
2.3 STREET ADDRESS	5560 NE 33 AVE	
2.4 CITY - ST - ZIP	Ft Laud FL 33308	
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 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 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: Edna Golan EDNA GOLAN 3/5/97 954-777-4882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)