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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 23 1998 8:00am Secretary of State

	MENT # 49672' IIEF TRADING CORP.	1 (2)				
Principal Plac	e of Business	Mailing Address				8 6
4840 N.W. 7TH STREET 12201 SW 47TH STREET						
MIAMI FL 33126 MIAMI FL 33175						0.004.05
		US			DO NOT WRITE IN THI 3. Date Incorporated or Qualified	5 SPACE
					02/16/1976	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26	26		59-1640216	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	·		3. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip 29	, '——, '		8. This corporation owes or has paid the of Personal Property Tax due June 30.	current year Intangible
24 25 29 30 Personal Property Tax due Jun 9, Name and Address of Current Registered Agent 10, Name and Address of New R						
FF	RONSON, SIDNEY					
	50 SW 3RD AVENUE		82 Street A		dress (P.O. Box Number is Not Acceptable)	
#10			62 Street A		idless (F.O. dox Number is Not Acceptable)	
MIAMI FL 33129			8:	3		
			84	4 City		85 Zip Code
				1	F	
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 regional 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						of changing its registered ppointment as registered
SIGNATURE						
	Signature, typed or printed name of registered ag	ent and title if applicable. (NO		gent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	
TITLE	SP OFFICERS AIT	DELETE DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICEAS A	Change Addition
NAME			1,2 NAME	1		
STREET ADDRESS	1		1	T ADDRESS		
CITY-ST-ZIP	10110 51 00000		1.4 CITY-			
TITLE			2.1 TITLE			Change Addition
NAME	I		2.2 NAME	:		
STREET ADDRESS	AAAA AAAA ATREEM		2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2.4 CITY	-ST-ZIP		
TITLE	DELETE 3.1		3.1 TITLE			Change Addition
NAME	3.3		3.2 NAME			İ
STREET ADDRESS	.SS 3		3.3 STREE	ET ADDRESS		
CITY - ST - ZIP			3.4. CITY-			
TITLE j	<u> </u>		4.1 TITLE	1		☐ Change ☐ Addition
NAME			4, 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY- 5.1 TITLE			Change Addition
TITLE			5,1 (ITLE			Gridings Addition
NAME PTREET ADDRESS						
STREET ADDRESS			5.4 CMY-	T ADDRESS		\
CITY-ST-ZIP TITLE			6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			:	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-			
	sartify that the information aunalised u	uith this filing doos not qualify f			in Section 119 07/3)(i) Florida Statutes, I further	certify that the information

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.

SIGNATURE:W

PE REQUIRE