FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:10

DOCUMENT # **506394** **(6)**

1. Corporation Name
CASTOR TRADING COMPANY

Principal Place of Business
550 BILTMORE WAY.9TH FLOOR
CORAL GABLES FL 33134

Mailing Address
550 BILTMORE WAY.9TH FLOOR
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/29/1976**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **59-1676890** — Applied For / Not Applicable
5. Certificate of Status Desired [X] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name/address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	[ ] Change [ ] Addition
NAME	FANJUL, JOHN A.	1 2 NAME	
STREET ADDRESS	550 BILTMORE WAY 9TH FL	1 3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1 4 CITY-ST-ZIP	
TITLE	DVP	2 1 TITLE	[ ] Change [ ] Addition
NAME	DIEZ-ARGUELLES, JULIO	2 2 NAME	
STREET ADDRESS	550 BILTMORE WAY 9 FLR	2 3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2 4 CITY-ST-ZIP	
TITLE	TD	3 1 TITLE	[ ] Change [ ] Addition
NAME	GARMENDIA, GENARO	3 2 NAME	
STREET ADDRESS	550 BILTMORE WAY 9TH FL	3 3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3 4 CITY-ST-ZIP	
TITLE	S	4 1 TITLE	[ ] Change [ ] Addition
NAME	NARO, JAMES G.	4 2 NAME	
STREET ADDRESS	550 BILTMORE WAY 9 FLR	4 3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	[ ] Change [ ] Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	[ ] Change [ ] Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: James G. Naro — James G. Naro Secretary — April 10, 1995 — (305) 442-3405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0140634 CP