

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 584520 (1)
1. Corporation Name
AMTRIN EXPORT INC.



Principal Place of Business: **4709 NW 72ND AVENUE MIAMI FL 33166 US**
Mailing Address: **4709 NW 72ND AVENUE MIAMI FL 33166 US**

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

3. Date Incorporated or Qualified: **08/29/1978** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2236868** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ROSTANT, DENNIS
10300 S.W. 98TH ST.
MIAMI FL 33176**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 607.0405, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature of Registered Agent (required) _____ Signature of Registered Agent (required) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1: TITLE	<input type="checkbox"/> DELETE	1:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P ROSTANT, DENNIS	1:2 NAME	
STREET ADDRESS	10300 S.W. 98TH ST.	1:3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	1:4 CITY, ST, ZIP	
2: TITLE	<input type="checkbox"/> DELETE	2:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C SMITH, DENNIS	2:2 NAME	
STREET ADDRESS	6710 NW 28TH AVE	2:3 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL	2:4 CITY, ST, ZIP	
3: TITLE	<input type="checkbox"/> DELETE	3:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3:2 NAME	
STREET ADDRESS		3:3 STREET ADDRESS	
CITY, ST, ZIP		3:4 CITY, ST, ZIP	
4: TITLE	<input type="checkbox"/> DELETE	4:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4:2 NAME	
STREET ADDRESS		4:3 STREET ADDRESS	
CITY, ST, ZIP		4:4 CITY, ST, ZIP	
5: TITLE	<input type="checkbox"/> DELETE	5:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5:2 NAME	
STREET ADDRESS		5:3 STREET ADDRESS	
CITY, ST, ZIP		5:4 CITY, ST, ZIP	
6: TITLE	<input type="checkbox"/> DELETE	6:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 as an attachment with an address.

SIGNATURE: _____ DATE: **1/30/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____
582/4689

CR2E034 (12/95)