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

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996			etary of State F CORPORATIONS				
DOCU 1. Corporatio	MENT # 6260	33	(5)					
TRADI	E ENTERPRISES, INC.					1 188418 SJII	la 4811 Bides Bidis Bibi	
Principal Place	e of Business		ling Address					
806 N.E. 18			06 N.E. 18TH STREE	E <b>T</b>				, mimis \$1641 A1811 (891
	DALE FL 33305		T. LAUDERDALE FL					
O Deice and D	kade of Business	·				3. Date Incorporated or Qualified 06/14/1979	3a. Date of La	•
21 Philospaire	RAPE OF BUSINGSS	2a. 26	Mailing Address		}	4. FEI Number 59-1918072	1	Applied For
Suite, Apt.	n, etc.	- · · ·	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8	Not Applicable  1.75 Additional
City & State	e	27	City & State					Fee Required
23		28	-			<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		5.00 May Be
Ζφ <b>24</b>	Country 25	29	Zip	Country 30		8. This corporation has liability for in	ntangible tax und	
	9. Name and Address of Curr		ered Agent	30		Florida Statutes Yos  10. Name and Address of New Re		
D101112				81 Nan				
PIGNAT.	ARD, ROBERT A. E. 18TH STREET			<b>82</b> Stre	et Address	(P.O. Box Number is Not Acceptabl	le)	
	IDERDALE FL 33305			83			· · · · · · · · · · · · · · · · · · ·	
				<b>84</b> City				
11. Parsaant t	to the previsions of Sections 607.056	02 and 607.	1508, Florida Statut	1 1 - 7	corporatio	on submits this statement for the pure	FL 85	'
SIGNATURE				es, the above named ted by the corporation s.		on submits this statement for the purp of directors. I hereby accept the appo	<b>5-1</b> .	'
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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 onth; that I am an officer or director of the converation 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, from an attachment with an address.

SIGNATURE: /