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

PROFIT CORPORATION ANNUAL REPORT



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

1996

661912 **DOCUMENT #** 1. Corporation Name

PHILIP TRADING INTERNATIONAL, INC.

(6)

FILED Jan 23 1996 8:00 am Secretary of State

	MAN MANA TI	1 1 1 1 1 1 1 1 1 1 1 1	JI 67811 184
I I I E E E E E E E E E E E E	181 HEN H		
	900 MARI 40	I CINI HIL	

Etripolical Disc	en of Russiane		alino Addroce								
Principal Place of Business Mailing Address 2201 BRICKELL AVE STE 90 (33129) 2201 BRICKELL AVE STE 90 (33129) P 0 BOX 330-776 P 0 BOX 330-776 MIAMI FL 33233 MIAMI FL 33233						9)					
MIMMI FL	· wen	US		3. Date Incorporated or Qualified 3a. Date of Last Recort 04/17/1980 02/10/1995			Recort 1995				
2. Principal F 21	1 26 Suite, Apt. #, etc.			Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-1990020		T	Applied Fo		
Suite, Apt							5. Certificate of Status Desired XX \$8.75 Addition Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fee				d Be
	City & State 28		City & State		······						
<i>Z</i> ip 24	Country 25	29	Zip	30 C	ountry	/		□ No		s 199.032,	
	9. Name and Address of Curre	nt Regis	tered Agent		81	_	10. Name and Address of New F	legistered /	Agent		
CABAN, PHILIP 1632 S. BAYSHORE COURT							dress (P.O. Box Number is Not Acceptable)				
MIAN	₦ FL 33133				83	<u></u>			85	Zip Code	
						l	ation submits this statement for the pu	<u> </u>			
SIGNATURE	Signature impertion printed name of registeres as OFFICERS A			OTE Rogish		nt signature require	d when reinstating: ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIREC	TORS IN 12	tion
11°LF	DP		☐ DELETE	1.	1 TITLE				Chang	je 🔲 Addit	ion
NAME	CABAN, PHILIP			1.	2 NAME						
STREET ADDRESS	1632 S. BAYSHORE CT.			1.	3 STREE	T ADDRESS					į
CITY - ST - ZIP	MIAMI, FL 00000			1.	4 CITY-	ST-ZIP					
TIT. E	DS CARALLA MARKA		☐ DELĒTE	2	1 TITLE				Chang	ge 🔲 Addit	tion
NAME	CABAN, MARIA J 1632 S. BAYSHORE CT.			5	2 NAME						ļ
STREET ADURESS	MIAMI, FL 00000			2	3 STREE	T ADDRESS					l
CITY - ST - ZIP	Wilding & Coood		☐ DELETE		4 CITY -				T Chan	o Cladda	100
THE			☐ D€LETE		1 TITLE 2 NAME			Ĺ	Chang	ge ☐ Addit	,1011
NAME STREET ADDRESS						ET ADORESS					
CITA- 51- ZIS	'			1	a aince 4 CHTY-						1
Tite!			DELETE	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1 TiTLE				Chang	ge 🔲 Addit	tion
NAME				4.	2 NAME			_			
STREET ADDRESS	5			4	3 STREE	T ADDRESS					
CITY - ST - 712				4	4 CITY-	ST-ZiP					
TITLE			DEFETE	5	1 THUE				Chang	ge 🔲 Addi	tion
NAME					2 NAME						
STREET AUDRESS	s					T ADDRESS					
CHY-SI-ZIP			5 80 50		4 CITY-				7 0		
TI3LF			□ DELETE		1 TITLE			ι	Chang	ge 🔲 Addi	tion
NAME					2 NAME						1
SINEET ADORESS	5					T ADDRESS					
CHY-SI-ZIP				6	4 CITY -	ST - ZIP					

14. I do hereby cortify 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 cert'y 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 3 if changed, or on an attachment with an address.

SIGNATURE: Thana

Maria Labar SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 15, 1996 (305) 285-7055