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

**FILED** FLORIDA DEPARTMENT OF STATE Jan 21 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 661912 (6)PHILIP TRADING INTERNATIONAL, INC. Principal Place of Business Mailing Address 1300 S.W.22ND STREET P.O. BOX 330-776 CORAL WAY, SUITE 205 P O BOX 330-776 COCONUT GROVE FL 33233 DO NOT WRITE IN THIS SPACE MIAMI FL 33145 3. Date Incorporated or Qualified 04/17/1980 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 59-1990020 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. X 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 30 X Yes □ Ño 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CABAN, PHILIP 1632 S. BAYSHORE COURT Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33133 83 84 City 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable istered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition CABAN, PHILIP 1.2 NAME NAME 1632 S. BAYSHORE CT. STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 00000 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CABAN, MARIA J 22 NAME NAME 1632 S. BAYSHORE CT. 2.3 STREET ADDRESS STREET ADDRESS MIAMI, FL 00000 CITY - ST - ZIP 2. 4 CITY-ST-ZIP ■ DELETE Change \_\_\_ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Спапде Addition 4.1 TITLE TITI F 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP □ DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CMY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \*\*Maria\*\* CABAN\*\*\* 1–12–98\*\*

(305) 285–7055

NAME

STREET ADDRESS

CITY-ST-ZIP

10/97

CR2E034