


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

FILED
Jul 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 697825 (8)
1. Corporation Name
TRADEX GROUP CORP.



Principal Place of Business 18305 BISCAYNE BLVD., SUITE 303 NORTH MIAMI BEACH FL 33160	Mailing Address 18305 BISCAYNE BLVD., SUITE 303 NORTH MIAMI BEACH FL 33160-2172
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1981		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 65-0067068		Applied For Not Applicable	
22 City & State	27	28 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

ELNECAVE, ROLAND
210 174 ST.
N MIAMI BCH, FL 33160

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature, typed or printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		11 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHAFER, SOL			12 NAME			
STREET ADDRESS	2084 WALDEN COURT			13 STREET ADDRESS			
CITY-ST-ZIP	FLINT MI			14 CITY-ST-ZIP			
TITLE	TS	<input type="checkbox"/> DELETE		21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELNECAVE, SARA L			22 NAME			
STREET ADDRESS	210-174 ST.			23 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			24 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELNECAVE, ROLAND			32 NAME			
STREET ADDRESS	210-174 ST.			33 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			34 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEUTSCH, LINDA			42 NAME			
STREET ADDRESS	28345 EVELYN CT.			43 STREET ADDRESS			
CITY-ST-ZIP	FRANKLIN MI			44 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHAFER, ARNOLD			52 NAME			
STREET ADDRESS	385 WOODRIDGE			53 STREET ADDRESS			
CITY-ST-ZIP	BLOOMFIELD HILLS MI			54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

6/30/97 205-933-3755

CR2E034 (9/96)