

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F61961

(1)

1. Corporation Name

MAGNA TRADING CORP.

Principal Place of Business

Mailing Address

7811 CORAL WAY  
130  
MIAMI FL 33155  
US

7811 CORAL WAY  
130  
MIAMI FL 33155

2. Principal Place of Business

21 7811 CORAL WAY

Suite, Apt. #, etc.

22 SUITE 130

City & State

23 MIAMI FL

Zip

24 33155

Country

25 USA

2a. Mailing Address

26 7811 CORAL WAY

Suite, Apt. #, etc.

27 SUITE 130

City & State

28 MIAMI FL

Zip

29 33155

Country

30 USA

9. Name and Address of Current Registered Agent

GIRO, ROBERT  
1540 SARRIA  
CORAL GABLES FL 33146

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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

TITLE	PTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRO, ROBERTO		1.2 NAME	
STREET ADDRESS	1540 SARRIA AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRO, MARIA DOLORES		2.2 NAME	
STREET ADDRESS	1540 SARRIA AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	
TITLE	ASAT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASANOVA, MARIA D		3.2 NAME	
STREET ADDRESS	1101 N.W. 7TH STREET, APT. 202		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
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	
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	
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 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 is an attachment with an address.

SIGNATURE:

4/20/98 1305262-1814



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1982

4. FEI Number

59-2155192

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.  Yes  No

10. Name and Address of New Registered Agent

CR2E034 (10/97)