FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Mar 18 1997 8:00am
Secretary of State

DOCUMENT # **F92617** **(2)**

1. Corporation Name
GAMEYCO-TRADEN COMPANY

Principal Place of Business
C/O MARTA MORENO
4727 NORTH OCEAN BLVD.
FT LAUDERDALE FL 33308

Mailing Address
C/O MARTA MORENO
4727 NORTH OCEAN BLVD.
FT LAUDERDALE FL 33308-2914

3. Date Incorporated or Qualified: 07/29/1982
3a. Date of Last Report: 02/27/1996
4. FEI Number: 59-2215054 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent
GAVIRIA, HERNANDO
4900 NORTH OCEAN BLVD.
FT LAUDERDALE FL

10. Name and Address of New Registered Agent
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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	S	[ ] DELETE
NAME	GAVIRIA, JARIO	
STREET ADDRESS	4900 NO OCEAN BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	[ ] DELETE
NAME	DE GAVIRIA, ALICIA	
STREET ADDRESS	4900 NO OCEAN BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	PD	[ ] DELETE
NAME	GAVIRIA, LUIS F.	
STREET ADDRESS	4900 NO OCEAN BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	[ ] DELETE
NAME	DE HELO, SILVIA	
STREET ADDRESS	4900 NO OCEAN BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 [signature] 3/8/97 954-781-9393