FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # F94000003655 (7)

1. Corporation Name
LORKAY SHIPPING & TRADING CO. S.A.

Principal Place of Business
THE TREASURER
% SUITE D 82 PORTLAND PLACE
LONDON GREAT BRITAIN W1N -3DH

Mailing Address
C/O KLENE HAND & COMPANY, PA
240 CRANDON BLVD. SUITE 202
KEY BISCAYNE FL 33149
US

2. Principal Place of Business
21
Suite LORKAY SHIPPING AND TRADING
22 Vallarino, Vallarino y Rivera
City P.O.B 6188-7290 Panam 5, PANAMA
23
Zip Country
24 25

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

3. Date Incorporated or Qualified: 07/13/1994
3a. Date of Last Report: 06/14/1995
4. FEI Number: 98-0069166 [ ] 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 [X] Yes [ ] No

9. **Name and Address of Current Registered Agent**

HAND, JEFFREY C CPA
% KIENE, HAND & COMPANY, P.A.
240 CRANDON BLVD., STE. 202
KEY BISCAYNE FL 33149

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	CP	[ ] DELETE
NAME	VALLARINO, JUAN R	
STREET ADDRESS	AVE. ESPANA NO. 200, P.O.B. 6188	
CITY-ST-ZIP	PANAMA 5, PANAMA	
TITLE	DS	[ ] DELETE
NAME	DE VALLARINO, AURA LOPEZ	
STREET ADDRESS	AVE. ESPANA NO. 200, P.O.B. 6188	
CITY-ST-ZIP	PANAMA 5, PANAMA	
TITLE	DT	[ ] DELETE
NAME	VALLARINO, FERNANDO	
STREET ADDRESS	% SUITE D, 82 PORTLAND PLACE	
CITY-ST-ZIP	LONDON (G.B.) W1N -3DH	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		

14. I do hereby certify 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 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] 25/MARCH/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)