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FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000004655 (6)

1. Corporation Name
PEKAO TRADING CORPORATION



Principal Place of Business

2 PARK AVE.
SUITE 400
NEW YORK NY 10016
US

Mailing Address

2 PARK AVE.
SUITE 400
NEW YORK NY 10016-5802
US

3. Date Incorporated or Qualified
08/08/1994

3a. Date of Last Report
01/24/1996

4. FEI Number

13-5550113

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	KROPIWNICKI, LESZEK	
STREET ADDRESS	7004 BOULEVARD EAST APT 308 D	
CITY- ST- ZIP	GUTTENBERG NJ	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DACHMAN, ANDRZEJ	
STREET ADDRESS	1849 FERNDAL	
CITY- ST- ZIP	NORTHBROOK IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SYSOL, THEODORE M ESQ	
STREET ADDRESS	40 CLAYDON RD.	
CITY- ST- ZIP	GARDEN CITY NY	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	KURYLO, ANDREW O	
STREET ADDRESS	25 MCQUINNNESS BLVD.	
CITY- ST- ZIP	BROOKLYN NY	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	KRZYSZTOF, SZAJEK	
STREET ADDRESS	7002 BOULEVARD EAST APT 38 H	
CITY- ST- ZIP	GUTTENBERG NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 in an attachment with an address.

SIGNATURE: *Andrew O. Kurylo* - ANDREW O. KURYLO - V.P. 4/22/97 (212) 684-5320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)