

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

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Mar 24 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 # F94000005095 (4)

1. Corporation Name
RLA TRADING CORPORATION



Principal Place of Business
1177 SUMMER ST.
STAMFORD CT 06905-5529
US

Mailing Address
1177 SUMMER ST.
STAMFORD CT 06905-5522
US

3. Date Incorporated or Qualified 09/30/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 06-1406919	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent
C T 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
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 and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CANNING, JOHN B	1.2 NAME	
1.3 STREET ADDRESS	1177 SUMMER ST.	1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	STAMFORD CT 06905-5529	1.4 CITY- ST- ZIP	
2.1 TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NUTTER, W. LEE	2.2 NAME	
2.3 STREET ADDRESS	1177 SUMMER ST.	2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	STAMFORD CT	2.4 CITY- ST- ZIP	
3.1 TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	POLLACK, GERALD J.	3.2 NAME	
3.3 STREET ADDRESS	1177 SUMMER ST.	3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	STAMFORD CT	3.4 CITY- ST- ZIP	
4.1 TITLE	CC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JANETTE, KENNETH P	4.2 NAME	
4.3 STREET ADDRESS	1177 SUMMER ST.	4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	STAMFORD CT 06905-5529	4.4 CITY- ST- ZIP	
5.1 TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	AUGUSTE, MACDONALD	5.2 NAME	
5.3 STREET ADDRESS	1177 SUMMER ST.	5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	STAMFORD CT 06905-5529	5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP		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 executor 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 as an attachment with an address.

SIGNATURE: Macdonald Auguste DATE: 3/12/97 DAYTON FILE # 203-348-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)