

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

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Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003310 (8)

1. Corporation Name
TIPPER TRADE LIMITED, INC.



Principal Place of Business 400 N.W. 10TH TERRACE HALLANDALE FL 33008	Mailing Address 400 N.W. 10TH TERRACE HALLANDALE FL 33008-3105
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3. Date Incorporated or Qualified 07/11/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0504999	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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21 4000 N.E. 108th ST 22 Suite 101 23 North Miami Beach, FL 24 33160 25 USA	2a. Mailing Address 26 300 71st ST 27 Suite 570 28 MIAMI, FLORIDA 29 33141 30 USA
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9. Name and Address of Current Registered Agent GOLOCHTCHAPOV, IOULI 10295 COLLINS AVE. A 211 MIAMI BEACH FL 33141	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 FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	P/D/C
NAME	ZISER, LEON	1.2 NAME	
STREET ADDRESS	URRAINE - ODESSA CITY	1.3 STREET ADDRESS	90 300 71st ST, Suite 570
CITY-ST-ZIP	ODESSA UKRAINE	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	P	2.1 TITLE	
NAME	GOLDSTEIN, LEON	2.2 NAME	
STREET ADDRESS	4000 N.E. 168 ST., NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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:  LOON ZISER
2/14/97 304-868-9001
Date Daytime Phone #

CR2E034 (9/96)