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FILED

May 14 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 # G45854 (8)

1. Corporation Name  
TRADING & FINANCING ASSOCIATES, INC.

Principal Place of Business  
500 EAST BROWARD BLVD  
~~SUITE 4100~~  
FT LAUDERDALE FL 33394

Mailing Address  
500 EAST BROWARD BLVD  
~~SUITE 4100~~  
FT LAUDERDALE FL 33394-3095



2. Principal Place of Business

21 Suite Apt #, etc 920

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite Apt #, etc 920

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
06/22/1983

3a. Date of Last Report  
05/01/1996

4. FEI Number

59-2351758

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

9. Name and Address of Current Registered Agent

RIOS, ORALIA  
500 EAST BROWARD BLVD  
~~SUITE 4100~~  
FT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite: 920

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 DO  
NAME RIOS, ORALIA  
STREET ADDRESS 1015 THISTLE CREEK CT  
CITY-ST-ZIP FT LAUDERDALE FL 33327

TITLE DO  
NAME MARULANDA, CESAR AUGUSTO  
STREET ADDRESS 694 STANTON DR.  
CITY-ST-ZIP FT. LAUDERDALE FL 33328

TITLE DO  
NAME MARULANDA, CARLOS A  
STREET ADDRESS 668 STANTON DR.  
CITY-ST-ZIP FT. LAUDERDALE FL 33328

TITLE DO  
NAME MARULANDA, PABLO A  
STREET ADDRESS 18444 NW 9TH COURT  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE DO  
NAME Marulanda, Edgar Alfredo  
STREET ADDRESS 812 Sand Creek Circle  
CITY-ST-ZIP Fort Lauderdale FL 33327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

2556 Jardin Lane  
Fort Lauderdale FL 33327

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 REQUIRED

04-28-97

954/453-0209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)