

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G77844**

(0)

1. Corporation Name

MIDWEST TRADING CORPORATION

Principal Place of Business

**3301 N.W. SOUTH RIVER DR.
MIAMI FL 33142**

Mailing Address

**3301 N.W. SOUTH RIVER DR.
MIAMI FL 33142**



2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WILLIAMS, JACQUELINE C.
1428 BRICKELL AVE., SUITE 206
MIAMI FL 33131**

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 607.01(2) and 607.15(2), 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 607.06(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	SALSTEIN, ROBERT	
STREET ADDRESS	12985 CORONADO DR.	
CITY-STATE-ZIP	NORTH MIAMI FL	
TITLE	VD	[] DELETE
NAME	PERL, SHELDON J.	
STREET ADDRESS	4340 N. BAY ROAD	
CITY-STATE-ZIP	MIAMI BEACH FL	
TITLE	ST	[] DELETE
NAME	SALSTEIN, ABRAHAM	
STREET ADDRESS	7800 SW 132ND ST.	
CITY-STATE-ZIP	MIAMI FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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)(g), 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. If I am an officer or director of the corporation or the officer or trustee responsible for executing the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, I am an officer or director of the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4124/96 335 634-6603

CR2E034 (12/95)