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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Socretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

G92009

(1)

1. Corporation Name  LA FE TRADING, INC.  Principal Place of Business  Mailing Address								
1435 SE 17TH ST.         1435 SE 17TH ST.           FT LAUDERDALE FL 33316         FT LAUDERDALE FL 33316								
					3. Date Incorporated or Qualified 03/16/1984		of Last Re 1/28/199	
2. Principal Place of Business  Suite, Apt. #, etc.		2a. Mailrig Address 26		4. FEI Number 59-2397044			Applied For Not Applicable	
		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Addit Fee Require			Additional
City & State		City & State		6. Election Campaign Financing			May Be	
3		28			Trust Fund Contribution	LI	•	to Fees
Zip n	F1		Country		<ol> <li>This corporation has liability for intangible tax under s 199.032,</li> <li>Florida Statutes</li> </ol> Yes ☐ No			199.032,
	25 g. Name and Address of Cu	reent Posistered Agent	30		Florida Statutes Yes L No  10. Name and Address of New Registered Agent			
	g. Name and Address of Cu	rrent Registered Agent	}. 8	1 Name	10, Name and Address of New P	iegistereu i	-gent	
VITALE, LOUIS, JR., ESQ.			8	82 Street Address (P.O. Box Number is Not Acceptable)				
	THIRD AVE RDALE FL 33316		8	13		· · · · · · · · · · · · · · · · · · ·		
1101000	INDITIES (E 000 IV			14 City			85 Zip	Code
					oration submits this statement for the pu ard of directors. I hereby accept the app	FL		
	OFFICERS AND DIRECTORS  DP DELETE		13. 1 1 TITLE		activities and outside and	DATE:		
TILE	DP	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		DIRECTO  Change	RS IN 12
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4. 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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/23/96

954)523-2065