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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H08972

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M TRADING INC.

28. Mailing Address 4. FEI Numb 29	Applied For Not Applied For Not Applied For Not Applied For Not Applied For Required Campaign Financing and Contribution Societion has liability for intangible tax under s. 199.03 tatutes Yes No No and Address of New Registered Agent
3. Date inco 06/18/18 2. Principal Place of Business 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 City & State City & State City & State Country 29 Country 29 Country 29 Principal Place of Business 29 Trust Function Country 29 Country 29 Suite, Apt. #, etc. 6. Certificate 29 Trust Function Country 29 Suite, Apt. #, etc. 29 Trust Function Country 29 Suite, Apt. #, etc. 6. Certificate 10 Trust Function Country 20 Suite, Apt. #, etc. 30 Trust Function Country 30 Florida Statutes 4. FEI Number 10 Certificate 5. Certificate 10. Name and Address of Current Registered Agent 10. Name and TRIANT, MATINA 2704 CYPRESS GARDEN BLVD WINTER HAVEN FL 33880 11. Pursuant to the provisions of Sections 607 0502 and 607. 1508, Florida Statutes, the above-named corporation submits office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of diagont. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Superiors types or percent reached agent and bitle if applicable (NOTE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS	984 O3/18/1996 Der Applied For Not Applied For Not Applied For Not Applied For Not Applied For Page 14/2623 e of Status Desired S8.75 Additional Fee Required Campaign Financing S5.00 May Be Added to Fees Norration has liability for intangible tax under s. 199.03 tatutes Yes No Nord Address of New Registered Agent Jumber is Not Acceptable)
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12. OFFICERS AND DIRECTORS 13. ADDITIONS	DATE
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NAME TRIANT, MATINA 1.2 NAME	
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14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 information indicated on this annual report or supplemental annual report is true and accurate and that my signature sh	07(3)(i). Florida Statutes. I further certify that the