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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

SIGNATURE:

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U.S. TRADING CORPO	RATION, INC.				6 (MÁNDI) BISK (ANN BIBB) ANGE AN	hi idid didik didik di	dir Grafi Sidir didai sadı
ricipal Place of Business	Adoiles	oo Achtone	and the state of t				
		ng Address					
8044 N.W. 67 STREET Miami Fl 33166		14 N.W. 67 STREET AMI FL 33166					
					3. Date Incorporated or Qualified 10/10/1984	3a. Date of 01/2	Last Report 5/1995
Principal Place of Business		lailing Address			4. FEI Number 59-2586933		Applied For Not Applicab
Suite, Apt. #, etc.	26	uite, Apt. #, etc.					8.75 Additional
	27				5. dertificate of Status Desired		Fee Required
City & Stafe	[C [28]	ity & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Count 25]	try 20	ib	Country 30		This corporation has liability for Florida Statutes Yes Yes	-	nder s 199.032,
	ress of Current Register	ed Agent			10. Name and Address of New		ent
			81	Names -	OHA F. Son	THSY	
-LAI, WILFRED -		82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
- 6466 N.W. 77 CT.			83	121	08 SW 72 7	EK	
-MIAMI FL-33166-					Miami		
			84	City		FL	35 202 09783
Pursuant to the provisions or registered agent, or helitary the familiar with, and accelled the which	tio is 607,0502 and 607.1 6 State of Florida. Such of pa⊉on∎ of, Section 607,05	hanno was authoriza	ed hwithe form	nneo corpor ration's boar	ration submits this statement for the puriod of directors. Thereby accept the app	rpose of changi pointment as reg	ng its registered of pistered agent. I am
SNATURE Supplies to the State of the State o	to the second principle of the family	r Ecable (N≪	L Basislered Asia	av	Jat Sourvisy	1/16/	196
<i>y</i>	OFFICERS AND DIRECTO	JRS /	13.		ADDITIONS/CHANGES TO OF	FICERS AND DI	RECTORS IN 12
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Y ST 200		~i	6 4 CiTY-ST				
 I do hereby certify that the information certify that the information indicated oath; that I am an officer or direct appears in Block 12 or Block 13 	ted on this annual report of tor of the corporation of the	or supplemental anni ne receiver or trustei	ual report is true e empowered to	not qualify for and accurate the execute t	or the exemption stated in Section 11s ate and that my signature shall have the is report as required by Chapter 607, f	9.07(3)(k), Florida e same legal effe lorida Statutes;	3 Statutes, I further sot as if made under and that my name