

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 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 # H31208 (2)  
1. Corporation Name  
C. M. TRADING, INC.

Principal Place of Business  
1141 6 FEDERAL HWY  
FT LAUDERDALE FL 33316  
US

Mailing Address  
10448 SW 53RD STREET  
COOPER CITY FL 33328-5608



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/26/1984		3a. Date of Last Report 04/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2689593		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

IVES, JAMES  
10448 SW 53RD STREET  
COOPER CITY FL 33328

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 607.0502 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 James Ives *James Ives*  
Signature, typed or printed name of registered agent and title if applicable.

(Not a registered Agent signature required when reinstating)

DATE

4/15/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	C/M	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	IVES, JAMES			1.2 NAME			
STREET ADDRESS	10448 SW 53RD STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	COOPER CITY FL			1.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IVES, JAMES			2.2 NAME			
STREET ADDRESS	10448 SW 53RD STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	COOPER CITY FL			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IVES, JUDITH S			3.2 NAME			
STREET ADDRESS	10448 SW 53RD STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	COOPER CITY FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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:

James Ives *James Ives*

4/15/97 054724.3020

CR2E034 (9/96)