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FILED
Mar 24 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 # J44253

(9)

1. Corporation Name
MYCO TRADING INC.

Principal Place of Business

% HOWARD D. EMORY
9100 SOUTH DADELAND BLVD. STE 910
MIAMI FL 33156

Mailing Address

% HOWARD D. EMORY
9100 SOUTH DADELAND BLVD. STE 910
MIAMI FL 33156-7815



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
11/26/1986

3a. Date of Last Report
04/18/1996

4. FET Number

59-2742121

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

EMORY, HOWARD B., ESQUIRE
9100 SOUTH DADELAND BLVD.
SUITE 910
MIAMI FL 33156

10. Name and Address of New Registered Agent

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
officer 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 and I agree with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11a. TITLE

11b. NAME

11c. STREET ADDRESS

11d. CITY - ST - ZIP

11e. TITLE

11f. NAME

11g. STREET ADDRESS

11h. CITY - ST - ZIP

11i. TITLE

11j. NAME

11k. STREET ADDRESS

11l. CITY - ST - ZIP

11m. TITLE

11n. NAME

11o. STREET ADDRESS

11p. CITY - ST - ZIP

11q. TITLE

11r. NAME

11s. STREET ADDRESS

11t. CITY - ST - ZIP

11u. TITLE

11v. NAME

11w. STREET ADDRESS

11x. CITY - ST - ZIP

11y. TITLE

11z. NAME

11aa. STREET ADDRESS

11ab. CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. TITLE

13b. NAME

13c. STREET ADDRESS

13d. CITY - ST - ZIP

13e. TITLE

13f. NAME

13g. STREET ADDRESS

13h. CITY - ST - ZIP

13i. TITLE

13j. NAME

13k. STREET ADDRESS

13l. CITY - ST - ZIP

13m. TITLE

13n. NAME

13o. STREET ADDRESS

13p. CITY - ST - ZIP

13q. TITLE

13r. NAME

13s. STREET ADDRESS

13t. CITY - ST - ZIP

13u. TITLE

13v. NAME

13w. STREET ADDRESS

13x. CITY - ST - ZIP

13y. TITLE

13z. NAME

13aa. STREET ADDRESS

13ab. 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 included 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 of this report or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ovidio GIBERGA March 13, 1997

(306) 386-2805

CR2E034 (9/96)