

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # J52041 (7)**

1. Corporation Name

**ALLTRADERS INTERNATIONAL CORPORATION**

Principal Place of Business

Mailing Address

**2533 SOUTH PARK ROAD  
PEMBROKE PARK, FLORIDA  
33009**

**2533 SOUTH PARK ROAD  
PEMBROKE PARK, FLORIDA  
33009**

3. Date Incorporated or Qualified  
**01/08/1987**

3a. Date of Last Report  
**4/10/95**

2. Principal Place of Business

2a. Mailing Address

21 **2151 BLOUNT ROAD**

26 **2151 BLOUNT ROAD**

4. FEI Number  
**59-2830441**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

23 **POMPANO BEACH, FLORIDA**

28 **POMPANO BEACH, FLORIDA**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24 Zip  
**33069**

25 Country  
**U.S.A.**

29 Zip  
**33069**

30 Country  
**U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAVIR, ISRAEL  
19693 NE 23RD COURT  
NORTH MIAMI BEACH, FLORIDA 33180**

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 607.0532 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 607.0536, Florida Statutes.

SIGNATURE

Signature (typed or printed name of signing officer or director)

Date (typed or printed date of signing officer or director)

Date

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SAVIR, ISRAEL</b>	
STREET ADDRESS	<b>2533 S. PARK ROAD</b>	
CITY-ST-ZIP	<b>PEMBROKE PARK, FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2151 BLOUNT ROAD</b>
1.4 CITY-ST-ZIP	<b>POMPANO BEACH, FLORIDA 33069</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>200001791242</b>
4.4 CITY-ST-ZIP	<b>-04/23/96-01131-023</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>***200.00</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ISRAEL SAVIR, PRESIDENT 04/15/96 (954) 984-8425**

Date

Daytime Phone #

CR2E034 (12/95)