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 # **J78990** **(5)**

1. Corporation Name

FTB TRADING CO., INC.

Principal Place of Business	Mailing Address
2000 N.W. 93RD AVENUE ~~934 MINORCA AVE. SUITE 200~~ MIAMI FL 33172 US	2000 N.W. 93RD AVENUE ~~934 MINORCA AVE. SUITE 300~~ MIAMI FL 33172 US

2. Principal Place of Business	2a. Mailing Address
21 2000 N.W. 93rd AVE	26 2000 NW 93rd AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI FL	28 City & State: MIAMI FL
24 Zip: 33172 25 Country: US	29 Zip: 33172 30 Country: US

3. Date Incorporated or Qualified: 06/22/1987
3a. Date of Last Report: 03/24/1995
4. FEI Number: 65-0036173 ☐ 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

LAMEL, IRV J.
ONE COLUMBUS CENTER STE 1450
ONE ALHAMBRA PLAZA
CORAL GABLES FL 33134

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 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: _____ Date: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	PTD	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	BRUGAL, FRANK		1 2 NAME		
STREET ADDRESS	2000 N.W. 93 AVE.		1 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1 4 CITY-ST-ZIP		
2 TITLE	VD	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	BRUGAL, THERESA		2 2 NAME		
STREET ADDRESS	2000 N.W. N.W. 93 AVE		2 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2 4 CITY-ST-ZIP		
3 TITLE	SD	☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	DE PINA, MARIA		3 2 NAME		
STREET ADDRESS	2000 N.W. 93 AVE.		3 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3 4 CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is true, I am furnishing it 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 added by an attached letter with an address.

SIGNATURE: _____ 1/19/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)