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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K34257

(1)

1 & S TRADING INTERNATIONAL, INC.

FILED

Apr 28 1997 8:00am

Secretary of State

Principal Plac	Mailing Address								
6160 NW 26TH CIRCLE		5160 NW 26TH CIRCLE							
BOCA RATON I		BOCA RATON FL 33496-2211	0						
* - *					3. Date Incorporated or Qualified 09/26/1988	3a. Date of		eport	
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For			
21		26		65-0126848			t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional		
22		27				Fee Re	<u> </u>		
City & State		City & State		6. Election Campaign Financing	, , , , , , , , , , , , , , , , , , ,				
23		Zip Country		Trust Fund Contribution					
Zíp 24			_	. The solpotation has its and grand to			No		
241		25 29 30 Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GING	SBERG, IRVING		8	1 Name					
5160 NW 26TH CIRCLE			8:	2 Street Add	Iress (P.O. Box Number is Not Acceptable	<u></u>			
	A RATON FL 33496		0.	2 Street Add	iress (F.O. Box Number is Not Acceptable	c)			
			8:	3					
			8	4 City			35 Zip (Code	
						FL			
11. Pursuant office or i agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Statute of Florida. Such change was a jations of, Section 607.0505, Flo	s, the abo uthorized t rida Statul	ve-named cor by the corpora es.	poration submits this statement for the pation's board of directors. I hereby accep	urpose of ch t the appoin	anging it tment as	s registered registered	
SIGNATURE		Alou a Laboratoria	Desirement A	and the same of the same	ired when reinstating)	DATE			
Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS			13.	Just, signature requ	ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12	
TITLE	VD DELETE		1.1 TITLE	T			Change	Addition	
NAME	GINSBERG, SONIA		1.2 NAMI						
STREET ADDRESS 5160 NW 26TH CIRCLE		1.3 STREET ADORESS		ET ADDRESS				i	
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 City - St - ZiP						
TITLE	PO	DELETE	2.1 TITLE				Change	Addition	
NAME	GINSBERG, IRVING		2.2 NAMI	E					
STREET ADDRESS	5160 NW 26TH CIRCLE		2.3 STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL 33496		2 4 CHY-ST-ZIP				1 01	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE	DELETE		31 TITLE			٠ ــــــ] Change	☐ Addition	
NAME			3.2 NAM						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		DELETE	3.4. CITY 4.1 TITLE				Change	Addition	
TITLE NAME			4.1 INCO			-	, one igo	<u></u>	
STREET ADDRESS				LI ADDRESS					
			4.4 CITY						
TITLE		DELETE	5.1 1(1)[8			Ţ	Change	Addition	
NAME	1		5.2 NAM	1					
STREET ADDRESS				E1 ADDRESS					
CITY-ST-ZIP			1	- ST - ZIP					
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAME			6 2 NAM	E					
STREET ADDRESS			6.3 STRE	ET ADDRESS					

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 finual report of 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 conoration of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 (i) Block 13 if changed, or on an attachment with an address.

11/15/07