

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

FILED

Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K38586 (9)

1. Corporation Name
TRADERS TRADING CORP.

Principal Place of Business
4541 N.W. 9TH AVE
FT. LAUDERDALE FL 33309


Mailing Address
4541 N.W. 9TH AVE
FT. LAUDERDALE FL 33309-3836



2. Principal Place of Business 21 2020 W. MCNAB ROAD Suite, Apt. #, etc. 22 # 127 City & State 23 Ft. Lauderdale Zip 24 33309		2a. Mailing Address 26 2020 W. MCNAB ROAD Suite, Apt. #, etc. 27 # 127 City & State 28 Ft. Lauderdale Zip 29 33309		3. Date Incorporated or Qualified 10/11/1988		3a. Date of Last Report 05/01/1996	
				4. FEI Number 65-0078081		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent BEHRENS, EDGAR 4541 NW 9TH AVENUE FT. LAUDERDALE FL 33309				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 2020 West McNab Road Suite 127			
				83			
				84 City Ft. Lauderdale, FL			
				85 Zip Code 33309			

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  (NOTE: Registered Agent signature required when reinstating) DATE 3/4/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	VP. SEC. TREASURER.	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BEHRENS, EDGAR			1.2 NAME	DIRECTOR		
STREET ADDRESS	4541 N.W. 9TH AVE -			1.3 STREET ADDRESS	2020 W. MCNAB ROAD SUITE 127		
CITY - ST - ZIP	FT. LAUDERDALE FL			1.4 CITY - ST - ZIP	FT. LAUDERDALE, FL. 33309		
TITLE	VST	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOMINGUEZ, CECILIA			2.2 NAME			
STREET ADDRESS	4541 N.W. 9TH AVE			2.3 STREET ADDRESS			
CITY - ST - ZIP	FT. LAUDERDALE FL			2.4 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOMINGUEZ, CECILIA			3.2 NAME			
STREET ADDRESS	4541 N.W. 9TH AVE			3.3 STREET ADDRESS			
CITY - ST - ZIP	FT. LAUDERDALE 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, changed, or on an attachment with an address.

SIGNATURE:  EDGAR BEHRENS 3-4-97 (954) 970-9970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)