

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K50937** (7)

1. Corporation Name  
**CYPRESS TRADING COMPANY, INC.**



Principal Place of Business: **2975 BW 77TH AVENUE MIAMI FL 33122**  
Mailing Address: **2975 BW 77TH AVENUE MIAMI FL 33122**

3. Date Incorporated or Qualified <b>12/13/1988</b>	3a. Date of Last Report <b>04/24/1995</b>
4. FEI Number <b>65-0124472</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**RODRIGUEZ-VILA, FERNANDO  
2975 NW 77TH AVE.  
MIAMI FL 33122**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAS, JACINTO</b>	12. NAME	
STREET ADDRESS	<b>2975 NW 77TH AVE.</b>	13. STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	14. CITY-ST-ZIP	
TITLE	<b>VST</b> <input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ-VILA, FERNANDO</b>	22. NAME	
STREET ADDRESS	<b>2975 NW 77TH AVE.</b>	23. STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	24. CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUGRANES, RAMON</b>	32. NAME	
STREET ADDRESS	<b>2975 NW 77TH AVE.</b>	33. STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	34. CITY-ST-ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUGRANES, ROSA</b>	42. NAME	
STREET ADDRESS	<b>2975 NW 77TH AVE.</b>	43. STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	44. CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROHRER, TODD</b>	52. NAME	
STREET ADDRESS	<b>2975 NW 77TH AVE</b>	53. STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes on an attachment with an address.

SIGNATURE: \_\_\_\_\_ (305) 541-3880  
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)