

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:13

DOCUMENT # **L03915** (0)

BACKUS TRADING INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE.

1. Principal Office Address		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
1500 SAN REMO AVE 247B CORAL GABLES FL 33146 US		1500 SAN REMO AVE 247B CORAL GABLES FL 33146 US		07/21/1989	04/28/1994
2. Principal Office Telephone	2a. Mailing Address	4. FEI Number	Applied For		
21	26	65-0148135	Not Applicable		
22. State Agent (s)		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23. City & State		28. City & State		8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip		25. Country		29. Zip	
30. Country		9. Name and Address of Current Registered Agent			
31. Country		10. Name and Address of New Registered Agent			
32. Country		81. Name			
33. Country		82. Street Address (P.O. Box Number is Not Acceptable)			
34. Country		83.			
35. Country		84. City			
36. Country		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	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIUS, EDUARDO	1.2 NAME	
STREET ADDRESS	1500 SAN REMO AVE #247B	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRIETA, JUAN	2.2 NAME	
STREET ADDRESS	1500 SAN REMO AVE #247B	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRIETA, JUAN	3.2 NAME	
STREET ADDRESS	1500 SAN REMO AVE #247B	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	3.4 CITY - ST - ZIP	
TITLE		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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. But 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: Juan Arrieta President 2-11-95 355-46-6413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR