

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

**FILED**

98 OCT 29 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT AMENDED 1998



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

DOCUMENT # L03915  
1. Corporation Name  
**BACKUS TRADING INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
c/o Victor Kimura  
1500 San Remo Avenue  
Suite 247A  
Coral Gables, Florida 33146

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified

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

4. FEI Number 65-0148135	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
Peninsula Registered Agents, Inc.  
200 S.E. First Street (PH)  
Miami, Florida 33131

10. Name and Address of New Registered Agent

81	Name CORPORATION COMPANY OF MIAMI
82	Street Address (P.O. Box Number is Not Acceptable) 1500 Miami Center
83	201 South Biscayne Boulevard
84	City Miami
85	Zip Code FL 33131

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.  
CORPORATION COMPANY OF MIAMI  
SIGNATURE: *Victor Kimura* DATE: 10/27/98  
By: typed or printed name of registered agent and (1) if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DELETED
NAME	Pres. Secty. Treas.
STREET ADDRESS	Victor Kimura
CITY-ST-ZIP	1500 San Remo Avenue, Suite 247A Coral Gables, Florida 33146
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	300002678673
1.3 STREET ADDRESS	-11/03/98-01024-007
1.4 CITY-ST-ZIP	*****61.25 *****61.25
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*B 10/29/98 AK*

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 10/27/98 DAYTIME PHONE #

CR2E034 (10/97)