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Feb 14 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L10215 (6)
1. Corporation Name
LIP TRADING CO.



Principal Place of Business: 20245 N.E. 16TH PLACE NORTH MIAMI FL 33179
Mailing Address: 20245 N.E. 16TH PLACE NORTH MIAMI FL 33179-2719

3. Date Incorporated or Qualified: 08/18/1989
3a. Date of Last Report: 01/22/1996

2. Principal Place of Business (21-24) and Mailing Address (2a-26) details including Suite, Apt. #, City & State, Zip, and Country. Includes 4. FEI Number: 65-0137321 and 6. Certificate of Status Desired (\$8.75 Additional Fee Required) and 6. Election Campaign Financing Trust Fund Contribution (\$5.00 May Be Added to Fees).

9. Name and Address of Current Registered Agent: LIPSITZ, WILLIAM, 2025 N.E. 16TH PLACE, NORTH MIAMI FL 33179. 10. Name and Address of New Registered Agent (81-85) fields.

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: [Signature] (NOTE: Registered Agent signature required when reappointing) DATE:

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include officer details like name, title, street address, city-st-zip, and checkboxes for deletion, change, or addition.

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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 02/10/97 DAYTIME PHONE: (305) 634-1244

CR2E034 (9/96)