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

CORPORATION ANNUAL REPORT

1996



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

DOCL	JMENT	#	22321

1. Corporation	MENT # L2232 M 56 TRADE CENTER, INC	(-)) (63/JAH 818 JANA HARA HARA JAK)) HALLBIAN a vor Andii A	YAJI BIBI AJAN IDDI
Principal Plac	e of Business	M-30- A-01					
		Mailing Address				ı ılas diğil Bibli Bibli ğ	sam aran Aibli 1861
328 CRAND STE 221C	ON BLAD	328 CRANDON BLVD STE 221C					
	YNE FL 33149	KEY BISCAYNE FL 3	3149				
US		US			3. Erate Incorporated or Qualified	3a. Date of Last	
2. Principal P	lace of Business	2a. Mailing Address			10/11/1989 4. FEI Number	01/18/1	1995
21		26			65-0172263	ļ. <u>.</u>	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				<u> </u>	Not Applicable 75 Additional
22		27			Certificate of Status Desired		e Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5	00 May Be
Zip	Country	28			Trust Fund Contribution	Add	ded to Fees
24	25	29	Country 30	<i>!</i>	8. This corporation has liability for i		s 199.032,
	9. Name and Address of Curre	ent Registered Agent	30		Florida Statutes Yes 10. Name and Address of New R		
			81	Name	IV. Name and Address of New R	egistered Agent	
IRAZOL	A, ANGEL						
	ANDON BLVD		62	Street Add	dress (P.O. Box Number is Not Acceptable	e)	
STE 22			83				
KEY BIS	SCAYNE FL 33149						
			84	,			Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above-	named corpo	oration submits this statement for the purp		
familiar wi	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authoriz tion 607.0505, Florida Statutes	ed by the corp	oration's boa	oration submits this statement for the purp ard of directors. I hereby accept the appo	intment as registere	oregistered onice ad agent. I am
SIGNATURE							
	Signature typed or printed name of registered agen		TE Registered Ager	it signature requir	ed when renstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		ORS IN 12
NAME	D IDAZOLA ANOCI	☐ DELETE	1 1 TITLE			☐ Change	
STREET ADDRESS	IRAZOLA, ANGEL	1040	1.2 NAME	ł			
CITY-ST-ZIP	328 CRANDON BLVD, STE 2 KEY BISCAYNE FL	210	1.3 STREET	ADDRESS			
TITLE	S S	☐ DELETE	1.4 C/TY - S	T-ZIP			
NAME	Cappelleti, Javier		2 1 TITLE			☐ Change	☐ Addition
STREET ADDRESS :	95 MERRICK WAY #514		2.2 NAME	1			
CITY-ST-ZIP	CORAL GABLES FL		2 3 STREET	·			
TITLE	T	☐ DELETE	24 CITY-S' 3 1 THILE	1 - ZIP			
NAME	RAFFO, JUAN MIGUEL	T) percit	3 2 NAME	[☐ Change	☐ Additron
STREET ADDRESS	95 MERRICK WAY #514			ADDRESS			
CITY-ST-7IP	CORAL GABLES FL		3.3 STREET				
TITLE		DELETE	3 4 CITY - S1 4 1 TITLE	- 712			
NAME			4.2 NAME			☐ Change	Addition
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-S1-ZIP			4.4 CITY - ST				
TITLE		☐ DELETE	5 1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME	1		☐ criends	L VORTION
STREET ADDRESS			5 3 STREET A	ADDRESS .			
CITY-SI-ZIP			5.4 CITY- \$1				
TITLE		☐ DELETE	6 1 TITLE			☐ Change	Addition
NAME			6.2 NAME	}			
STREET ADDRESS			6.3 STREET A	DDRESS			ŀ
ITY-ST-ZIP	cortife that the life		6 4 CiTY - ST	ZIP			
certify that to oath; that I appears in I	the information indicated on this annu am an officer or director of the corpor Block 12 or Block 13 if changed, or J	vith this filing is voluntarily furnis al report or supplemental annu ration or the receiver or trustee	shed and does al report is true empowered to	not qualify for and accura- execute this	or the exemption stated in Section 119.07 te and that my signature shall have the sa s report as required by Chapter 607, Floriu	(3)(k), Florida Statut me legal effect as it da Statutes; and tha	es. I further made under at my name

SIGNATURE: