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

GNATURE:

May 08 1998 8:00am PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5) CONCORD TRADING CORP. Principal Place of Business Mailing Address C/O ALFRED EZEKIEL C/O ALFRED EZEKIEL 150 SE SECOND AVE #400 150 SE SECOND AVE #400 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 10/17/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0194741 26 Not Applicable Suite, Apt. *, etc. Suite Apt. #, etc. \$8.75 Additional 807 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Zip Country 8. This corporation owes or has paid the current year Intangible 29 ∏ No 24 25 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EZEKIEL, ALFRED 150 SE SECOND AVE #400 Street Address (P.O. Box Number is Not Asceptable) 82 **MIAMI FL 33131** 83 Spenons 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered accept the obligations of, Section 607,0505, Florida Statutes. 11. Pursuant to the provisions of SIGNATURE (NOTE Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Addition EZEKIEL, ALFRED 1.2 NAME NAME Suite # 807 150 SE SECOND AVE #400 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE FISHOFF, BENJAMIN NAME 2.2 NAME 150 SE SECOND AVE #400 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE BRECHER, SHARON MALJE 32 NAME Suite # 807 150 S.E. 2ND AVENUE, STE. 400 3.3 STREET ADDRESS STREET ADORESS **MIAMI FL 33131** CITY-ST-ZIP 3.4. CITY - ST- ZIP Addition DELETE 4.1 TITLE Change TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TOUR 5 1 TITLE 5.2 NAME NAME ITREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TY-ST-ZIP DELETE Change Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS ST-ZIP 6.4 CITY-ST-ZIP hereby certify that the information supplied with this filling 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 supplied ental 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 regioner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in lock 12 or Block 13 if changes, or only an attachment with an address.

FILED

(305) 379-2600