

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L35596 (0)

1. Corporation Name

FALCON TRADING UNLIMITED, INC.

Principal Place of Business

Mailing Address

7370 NW 36 STREET
SUITE 325B
MIAMI FL 33166

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SUITE 325B
MIAMI FL 33166

FILED

97 AUG 21 AM 8:00

SECRETARY OF STATE



REINSTATEMENT

96-97

3. Date Incorporated or Qualified
12/08/1989

3a. Date of Last Report
10/09/1995

4. FEI Number

65-0158549

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

JACKSON, DANIEL M.
540 NW 82ND PLACE, #327
MIAMI FL 33126-

15131 NW 6 COURT
PEMBROKE PINES,
FL 33028

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

15131 NW 6 COURT

83

84 City

PEMBROKE PINES

FL

85 Zip Code

33028

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 *Daniel M. Jackson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/09/97.

12. OFFICERS AND DIRECTORS

TITLE P
NAME JACKSON, DANIEL M.
STREET ADDRESS 540 NW 82ND PLACE, #327
CITY-ST-ZIP MIAMI FL

TITLE D
NAME MEDINA, JAVIER G.
STREET ADDRESS AVE BOLIVAR PRIMER PISO4
CITY-ST-ZIP PUNTO FIJO, VENEZULA

TITLE D
NAME MEDINA, ADOLFO G.
STREET ADDRESS AVE BOLIVAR PRIMER PISO4
CITY-ST-ZIP PUNTO FIJO, VENEZULA

TITLE D
NAME MEDINA, ERNESTO J.
STREET ADDRESS AVE BOLIVAR PRIMER PISO4
CITY-ST-ZIP PUNTO FIJO, VENEZULA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME JACKSON, DANIEL M.
1.3 STREET ADDRESS 15131 NW 6 CT
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33028

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Daniel M. Jackson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL M. JACKSON PRESIDENT 06/21/96

DATE

DAYTIME PHONE #

305-
594-7188

CR2E034 (3/96)