

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 JAN 17 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L43496**

1. Corporation Name
M & B INTERNATIONAL TRADING CORP.

Principal Place of Business % BERNARDO POMERANEC 5888 W. 20TH AVE. MIAMI BEACH FL 33016-2656	Mailing Address % BERNARDO POMERANEC 5888 W. 20TH AVE. MIAMI BEACH FL 33016-2656
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REINSTATEMENT *96*
MWB/21-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida	01/19/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	59-2992369
City & State	City & State	Applied For	<input type="checkbox"/>
Zip	Country	Not Applicable	<input type="checkbox"/>
		6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	BECHER, MARCOS	600 PARK VIEW DR. #721 3630 Yacht Club DR. #602	HALLANDALE FL DVENTURA FL. 33180
D	POMERANEC, BERNARDO	241 N.E. 212 STREET	N MIAMI BEACH FL
			000002067960--1 -01/24/97--01079--019 ****375.00 ****375.00

8. Name and Address of Current Registered Agent POMERANEC, BERNARDO 241 N.E. 212 ST. N MIAMI BEACH FL 33179	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *[Signature]* Date: **12/31/96**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* Date: **9/19/96** (305) 362 8532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CP25040 (7/96)