

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

FILED
Apr 21 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 # L57171 (5)			
1. Corporation Name LUCIE TRADING, INC.			
Principal Place of Business *FERNANDO F. CASTANO 4111 SW 47 AVE., STE. 321 DAVIE FL 33314		Mailing Address *FERNANDO F. CASTANO 4111 SW 47 AVE., STE. 321 DAVIE FL 33314-4038	
2. Principal Place of Business 21 4121 SW 47 AVE Suite, Apt. # etc # 1305 22 City & State 23 FT. LAUDERDALE, FL. 24 Zip 33314 Country BROWARD		2a. Mailing Address 26 4121 SW 47 AVE. Suite, Apt. #, etc #1305 27 City & State 28 FT. LAUDERDALE, FL. 29 Zip 33314 Country BROWARD	
3. Date Incorporated or Qualified 03/15/1990		3a. Date of Last Report 05/01/1996	
4. FEI Number 65-0184339		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent CASTANO, FERNANDO F. 4121 SW 47 AVE SUITE 1305 DAVIE FL 33314		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	
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: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
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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: <i>Alba Lucia Castano</i> 2-6-97 (954) 797-4146 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ALBA LUCIA CASTANO VP			

CR2E034 (9/96)