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PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **L84656** **(2)**

1. Corporation Name

MOUHKTARA TRADING COMPANY, U.S.A.

Principal Place of Business

%BARBARA A. BURKETT
2830 NW 41ST ST., STE. I
GAINESVILLE FL 32606

Mailing Address

%BARBARA A. BURKETT
2830 NW 41ST ST., STE. I
GAINESVILLE FL 32606

3. Date Incorporated or Qualified: 07/02/1990
3a. Date of Last Report: 06/07/1995
4. FEI Number: 59-3014795 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] $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 Route 3, Box 176A
Suite, Apt. #, etc.
22
City & State
23 Lake City, FL
Zip
24 32024
Country
25

2a. Mailing Address
26 Route 3, Box 176A
Suite, Apt. #, etc.
27
City & State
28 Lake City, FL
Zip
29 32024
Country
30

9. **Name and Address of Current Registered Agent**

BURKETT, BARBARA A.
2830 NW 41ST ST.
SUITE I
GAINESVILLE FL 32606

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
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

TITLE	PST	[ ] DELETE
NAME	MOUKHTARA, MICHEL	
STREET ADDRESS	7717 NW 20TH LANE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	[ ] DELETE
NAME	MOUKHTARA, SAYED	
STREET ADDRESS	~~7717 NW 20TH LANE~~	
CITY-ST-ZIP	~~GAINESVILLE FL~~	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		[ ] Change [ ] Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE	D	[X] Change [ ] Addition
2 2 NAME	Moukhtara, Sayed	
2 3 STREET ADDRESS	10 Moukhtara Street, P.O. Box 447	
2 4 CITY-ST-ZIP	Banjul, The Gambia West Africa	
3 1 TITLE		[ ] Change [ ] Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		[ ] Change [ ] Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		[ ] Change [ ] Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		[ ] Change [ ] Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 Date
904-755-4960 Daytime Phone #