


FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
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97 FEB 24 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75 ✓	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT #L94000000551
O.R. TRADING LIMITED COMPANY 520 BRICKELL KEY DR #716 MIAMI FL 33130	

1a. Principal Place of Business Address
520 BRICKELL KEY DR #716 MIAMI FL 33130

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.	
2. Principal Place of Business	2a. Mailing Address
2550 NW 72 Ave.	2550 NW 72 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 110	Suite 110
City & State	City & State
Miami, FL	Miami, FL
Zip	Zip
33122	33122
Country	Country
USA	USA

3. Date Organized or Qualified	3a. State of Formation
10/11/1994	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0544959	
5. Date of Last Report	6. Certificate of Status Desired
04/02/1996	<input type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent
NODAL, BENJAMIN 717 PONCE DE LEON BLVD. SUITE 228 CORAL GABLES FL 33134

8. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code
FL	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DE OLIVEIRA, ORSINE R	520 BRICKELL KEY DR #716	MIAMI FL
MGRM	DE OLIVEIRA, IOMAR R	520 BRICKELL KEY DR #716	MIAMI FL

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****203.75 ****203.75

Orsine R. de Oliveira
2/24/97

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Orsine R. de Oliveira 02-11-97 305/639-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #