
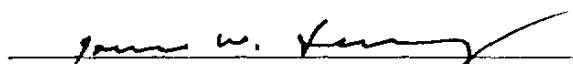


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 15 AM 10:46	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75		Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000551 O.R. TRADING LIMITED COMPANY 2550 N.W. 72 AVE. SUITE 110 MIAMI FL 33122		1a. Principal Place of Business Address 2550 N.W. 72 AVE. SUITE 110 MIAMI FL 33122			
2. Principal Place of Business Suite, Apt #, etc City & State Zip Country		2a. Mailing Address Suite, Apt #, etc City & State Zip Country		3. Date Organized or Qualified 10/11/1994 3a. State of Formation FL 4. FEI Number 65-0544959 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 07/30/1998 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
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/Office Name Street Address (P.O. Box Number is Not Acceptable) SUITE 228 Suite, Apt #, etc 04/22/99 01097-018 ****188.75 ****188.75 City FL Zip Code 33134			
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 reappointing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	DE OLIVEIRA, ORSINE R	2550 N.W. 72ND AVE, SUITE 110 520 BRICKELL KEY DR #716		MIAMI FL 33122	
MGRM	DE OLIVEIRA, IOMAR R	520 BRICKELL KEY DR #716 2550 N.W. 72ND AVE, SUITE 110		MIAMI FL 33122	
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 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		04-12-99 (305) 639-9880			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Date of Filing			