


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90088 034 ****50.00


0012109

DOCUMENT # L94000000551	
1. Entity Name O.R. TRADING LIMITED COMPANY	

Principal Place of Business 2550 N.W. 72 AVE. SUITE 311 MIAMI FL 33122	Mailing Address 2550 N.W. 72 AVE. SUITE 311 MIAMI FL 33122
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2. Principal Place of Business 6733 N.W. 109th Avenue Suite, Apt. #, etc.	3. Mailing Address 6733 N.W. 109th Avenue Suite, Apt. #, etc.
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City & State Miami, Florida Zip 33178-3731	Country Miami-Dade	City & State Miami, Florida Zip 33178-3731	Country Miami-Dade
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<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. FEI Number 65-0544959	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required...	

6. Name and Address of Current Registered Agent NODAL, BENJAMIN 717 PONCE DE LEON BLVD. SUITE 228 CORAL GABLES FL 33134	
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7. Name and Address of New Registered Agent Name NODAL, BENJAMIN Street Address (P.O. Box Number is Not Acceptable) 8040 S.W. 34th Street City Miami FL Zip Code 33155-3406	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Benjamin Nodal</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 4/29/03 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003	
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM DE OLIVEIRA, ORSINE R 2550 N.W. 72 AVE. MIAMI FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM DE OLIVEIRA, IOMAR R 2550 N.W. 72 AVE. MIAMI FL 33122	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM DE OLIVEIRA, ORSINE R 6733 N.W. 109th Avenue Miami, Florida 33178-3731	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM DE OLIVEIRA, IOMAR R 6733 N.W. 109th Avenue Miami, Florida 33178-3731	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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.	
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SIGNATURE: <i>SIGNATURE REQUIRED</i>	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		

CR2E083 (10/02)