


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company CASABLANCA TRADING, L.C. 922 E. 124TH AVENUE BLDG. E TAMPA FL 33612		DOCUMENT # L95000000416	
2. Principal Place of Business City & State Zip Country		1a. Principal Place of Business Address 922 E. 124TH AVENUE BLDG. E TAMPA FL 33612	
2a. Mailing Address City & State Zip Country		3. Date Organized or Qualified 05/26/1995	
		3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Date of Last Report 10/04/1996	
		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent HARTENSTINE, J. MICHAEL 200 S. ORANGE AVENUE SARASOTA FL 34236		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100002125261-3 Suite, Apt. #, etc. -03/26/97--01125--005 ****203.75 ****203.75 City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
P	BENNIS, ABDELHAK	922 E. 124TH AVENUE, BLDG.	TAMPA FL
VPS	BENNIS, ANN	922 E. 124TH AVENUE, BLDG.	TAMPA FL
MGR	BENNIS, LAMIA	922 E. 124TH AVENUE, BLDG.	TAMPA FL
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: <i>Lamia Bennis</i> LAMIA BENNIS Manager 2-2-97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Day/Mo/Yr			