



File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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 # L96000000150	
N.H. TRADING, L.C. 1844 N. NOB HILL ROAD #141 PLANTATION FL 33312		1a. Principal Place of Business Address 1844 N. NOB HILL ROAD #141 PLANTATION FL 33312	
2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
318 INDIAN TRACE	318 INDIAN TRACE	02/01/1996	FL
Suite, Apt. #, etc. Suite 544	Suite, Apt. #, etc. Suite 544	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State WESTON, FL	City & State WESTON, FL	65-0640730	
Zip 33326	Country USA	5. Date of Last Report	6. Certificate of Status Desired
		08/04/1997	\$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
NAPP, MARIA 318 INDIAN TRACE #544 WESTON FL 33326		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 300002504313 1 -04/23/98--01005--022 City ****100.75 Zip Code ****100.75 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
MGR	NAPP, MARIA A	165 EAST BAYRIDGE DRIVE 318 INDIAN TRACE # 544	FORT LAUDERDALE FL WESTON, FL 33326
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: 		4/18/98 954 349 623	
SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	