


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	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company N. H. TRADING, L.C. 318 INDIAN TRACE SUITE 544 WESTON FL 33326		DOCUMENT # L96000000150	
2. Principal Place of Business 2214 WESTON RD.		1a. Principal Place of Business Address 318 INDIAN TRACE 2214 WESTON RD. SUITE 544 WESTON FL 33326	
Suite, Apt. #, etc.		3. Date Organized or Qualified 02/01/1996	
City & State WESTON FL		3a. State of Formation FL	
Zip 33326		4. FEI Number 65-0640730	
Country USA		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent NAPP, MARIA 318 INDIAN TRACE #544 WESTON FL 33326		5. Date of Last Report 04/21/1998	
8. Name and Address of New Registered Agent/Office 200002874962--8 -05/14/99--01009--006-- ****150.00 ****150.00		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 resigning)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	NAPP, MARIA A	318 INDIAN TRACE	WESTON FL 200002874962--8 -05/14/99--01009--007-- *****38.75 *****38.75
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: 12PR		MARIA A NAPP	
		4/21/99 954 349 1623	