

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Modman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M26460

(9)

1. Corporation Name

BIOCHEMICAL TRADE INC.



Principal Place of Business

Mailing Address

C/O ALEJO ROY
7522 N.W. 55TH STREET
MIAMI FL 33166

C/O ALEJO ROY
7522 N.W. 55TH STREET
MIAMI FL 33166

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ROY, ALEJO
7522 N.W. 55TH STREET
MIAMI FL 33166

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, Florida Statutes, the above named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME ROY, ALEJO
STREET ADDRESS 1000 VENETIAN WAY #106
CITY-STATE-ZIP MIAMI FL
TITLE DVS
NAME ROY, CONCEPCION
STREET ADDRESS 1000 VENETIAN WAY 106
CITY-STATE-ZIP MIAMI FL

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-STATE-ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

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TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-STATE-ZIP [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] Change [] Addition

12 NAME [] Change [] Addition

13 STREET ADDRESS [] Change [] Addition

14 CITY-STATE-ZIP [] Change [] Addition

15 TITLE [] Change [] Addition

16 NAME [] Change [] Addition

17 STREET ADDRESS [] Change [] Addition

18 CITY-STATE-ZIP [] Change [] Addition

19 TITLE [] Change [] Addition

20 NAME [] Change [] Addition

21 STREET ADDRESS [] Change [] Addition

22 CITY-STATE-ZIP [] Change [] Addition

23 TITLE [] Change [] Addition

24 NAME [] Change [] Addition

25 STREET ADDRESS [] Change [] Addition

26 CITY-STATE-ZIP [] Change [] Addition

27 TITLE [] Change [] Addition

28 NAME [] Change [] Addition

29 STREET ADDRESS [] Change [] Addition

30 CITY-STATE-ZIP [] Change [] Addition

31 TITLE [] Change [] Addition

32 NAME [] Change [] Addition

33 STREET ADDRESS [] Change [] Addition

34 CITY-STATE-ZIP [] Change [] Addition

14. I do hereby certify that the information supplied by me in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 in this report, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

305 591 2296

CR2E034 (12/95)