## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M76630

(6)

DENEX TRADING INC.

| FILED              |  |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|--|
| Apr 09 1997 8:00am |  |  |  |  |  |  |  |  |  |
| Secretary of State |  |  |  |  |  |  |  |  |  |

| Principal Place of Business Mailing Address   |  |                        |          |           |             | - A PODIDEN IN 1800 DEUT BUILD HAN BON DIEU NOUN BUILD BY SKEN BURN BUILD HOUN  |            |                     |              |  |
|---|--|------------------------|----------|-----------|-------------|---|------------|---------------------|--------------|--|
| Principal Place of Business  Mailing Address  Dennis H. HU A NG  S37 W. FLAGLER STE. 306  MIAMI FL 33144  US  Mailing Address  Dennis H. HU A NG  S37 W FLAGLER ST 306  MIAMI FL 33144-2072  US |  |                        |          |           |             |   |            |                     |              |  |
|   |  |                        |          |           |             | 3. Date Incorporated or Qualified   |            |                     |              |  |
| 2. Principal Place of Business 2a. Mailing Address  |  |                        |          |           |             | 4. FEI Number   |            | Ar                  | oplied For   |  |
|   |  | 26                     |          |           |             |   |            |                     | ot Applicabl |  |
| Suite, Apt  | #, etc:  | Suite, Apt. #. etc.    | <u> </u> |           |             | 5. Certificate of Status Desired See Required  6. Election Campaign Financing Trust Fund Contribution See Added to Fees |            |                     |              |  |
| City & Stat   | te   | <b>├</b> ─¬            |          |           |             |   |            |                     |              |  |
| Zip<br>│  | Country 25   | Zip<br>29              | 30       | ntry      |             | 8. This corporation has liability for Florida Statutes  |            | tax under s<br>] No | . 199.032,   |  |
|   | 9. Name and Address of Cu  | rrent Registered Agent |          | 81        |             | 10. Name and Address of New Re  | gistered / | gent                |              |  |
| HU A NG, DENNIS H.  |  |                        |          |           | Name        |   |            |                     |              |  |
| 623 NW 97 PL<br>Miami Fl 33172  |  |                        |          |           | Street Addr | et Address (P.O. Box Number is Not Acceptable)  |            |                     |              |  |
|   |  |                        |          | 83        |             |   |            |                     |              |  |
|   |  |                        |          | 84        | City        |   | FL         | <b>85</b> Zip       | Code         |  |
| agent Ta<br>iGNATURE  | Signaria: Special procedurancial resistence  |                        |          |           |             | ion's board of directors. I hereby accepted when reinstating)   | DATE       |                     |              |  |
| 2.  | OFFICERS   | AND DIRECTORS          | 13.      |           |             | ADDITIONS/CHANGES TO OFFIC  | CERS AND   | DIRECTOR            | RS IN 12     |  |
| T.E   | D DELETE   |                        | 1.1 T()  | 1.1 TITLE |             |   |            | Change              | Additi       |  |
| Mf  | HU A NG, DENNIS H.   |                        | 1.2 NA   | 1.2 NAME  |             |   |            |                     |              |  |
| REEL ADORESS  | 623 NW 97 PL   |                        | 1.3 ST   | AEET      | ADDRESS     |   |            |                     |              |  |
| TY S1-7₽  | The Control of the Co |                        | IY-S     | T- 21P    |             |   | <b></b>    |                     |              |  |
| Lf  | DELETE 2   |                        | 1        | .1 TITLE  |             |   |            | Change              | Additi       |  |
| ME  |  |                        | 22 NA    |           |             |   |            |                     |              |  |
| HEET ADDRESS  | [  |                        |          |           | ADDRESS     |   |            |                     |              |  |
| 1Y - \$1 - 71P<br>LE  | 2.40<br>DELETE 311   |                        |          |           | ST-ZIP      |   |            | Change              | L. J Additi  |  |
| ME.   | }  | Lad Deben              | 3.2 NA   |           | ļ           |   |            | - Change            |              |  |
| REET ADDRESS  |  |                        |          |           | ADDRESS     |   |            |                     |              |  |
| IY-SI-ZIP   |  |                        | 34. C    |           |             |   |            |                     |              |  |
| 11.6  |  | DELETE                 |          |           |             |   |            | Change              | Additi       |  |
| AM+   |  |                        | 4. 2 N   | AME       |             |   |            |                     |              |  |
| HEET ADDRESS  |  |                        | 4.3 ST   | REET      | ADDRESS     |   |            |                     |              |  |
| ITY+ST-ZiF  | <b>\</b>   |                        | 4.4 CI   | TY-S      | 1-2IP       |   |            |                     |              |  |

CHY-ST-ZIP 14. I do hereby certify that the information supplied with this firing 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 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 if changed, op on an attact ment with an address.

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS 5 4 CITY - ST - ZIP

SIGNATURE:

THLE

NAME

THLE

NaMi

STREET ADDRESS

STREET ADDRESS

CITY - \$1 - 20°

DELETE

DELETE

2/3/97 (305) 559 6613

0200689

Change

Change

Addition

Addition