

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115580

1. Entity Name

AXION TRADING, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90046 050 ***158.75

Principal Place of Business

Mailing Address

C/O LYONS AND SMITH, P.A.
1230 NW 7 ST
MIAMI FL 33125

C/O LYONS AND SMITH, P.A.
1230 NW 7 ST
MIAMI FL 33125

2. Principal Place of Business

2801 NW 74 Av #219

3. Mailing Address

PO Box 522175

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33122

Country

DADE

Zip

33152

Country

DADE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, GARY V
C/O LYONS AND SMITH, P.A.
1230 NW 7 ST
MIAMI FL 33125

Name CHRISTOS ZAHARAS

Street Address (P.O. Box Number is Not Acceptable)
13424 SW 144 TER.

MIAMI

City

FL

Zip Code
33186

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, GARY V
STREET ADDRESS 1230 NW 7 ST
CITY-ST-ZIP MIAMI FL 33125

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V.P.
NAME AUGUSTO M. MESIA
STREET ADDRESS 4200 NW 72nd Av. Apt. 2A
CITY-ST-ZIP MIAMI FL 33166

TITLE
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.073(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/01/01 305 477 0800

CR2E034 (10/00)