SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P23634 (9)

1. Corporation Name

STANDARD CHARTERED TRADING COMPANY

Principal Place of Business	Mailing Address
707 WILSHIRE BLVD. LOS ANGELES CA 90017	707 WILSHIRE BLVD. LOS ANGELES CA 90017

3. Date Incorporated or Qualified: **03/29/1989**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: **95-3841910** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GARZA, LUIS CARLOS
701 BRICKELL AVE.
SUITE 1700
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 607.1508, 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 ____________ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CP	XX DELETE
NAME	ROBLETO, FRANK D	
STREET ADDRESS	701 BRICKELL AVE, STE 1700	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	XX DELETE
NAME	NEALON, KATHLEEN	
STREET ADDRESS	160 WATER STR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	XX DELETE
NAME	DE LA FUENTE, CLAUDIO	
STREET ADDRESS	707 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	SVP	XX DELETE
NAME	MESSENGER, MAC	
STREET ADDRESS	707 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	AVP	XX DELETE
NAME	CABAYAN, SERAFIN	
STREET ADDRESS	707 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director, President & Treasurer	XX Change ☐ Addition
1.2 NAME	Catherine M. Lyng	
1.3 STREET ADDRESS	7 World Trade Center	
1.4 CITY-ST-ZIP	New York, NY 10048	
2.1 TITLE	Director, V.P. & Secretary	XX Change ☐ Addition
2.2 NAME	George Brown	
2.3 STREET ADDRESS	7 World Trade Center	
2.4 CITY-ST-ZIP	New York, NY 10048	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ____________ 7/19/96 212-667-0517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

George Brown