FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

9:45

SECRETARY OF STATE, FLORIDA

DOCUMENT # **P35394** **(6)**

1. Corporate Name

COFIN COMMERCE AND FINANCE CORPORATION

Principal Place of Business	Mailing Address
166 LOOKOUT PLACE SUITE 100 MAITLAND FL 32751 US	166 LOOKOUT PLACE SUITE 100 MAITLAND FL 32751 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE	[ ] 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 [X] Yes [ ] No	

2. Principal Place of Business (21–25) — 2a. Mailing Address (26–30): Suite, Apt. # etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent

LEERDAM, A. C.
166 LOOKOUT PLACE
SUITE 100
MAITLAND FL 32751

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

12. OFFICERS AND DIRECTORS

TITLE	CDP
NAME	STARK, KLAUS, MR.
STREET ADDRESS	P. O. BOX 184, FL-9490 N/A
CITY-ST-ZIP	VADUZ, LIECHTENSTEIN
TITLE	VTD
NAME	WOHLWEND, RENATE D
STREET ADDRESS	LETTSTRASSE 37, FL-9490
CITY-ST-ZIP	VADUZ LI
TITLE	SD
NAME	STEINBRUGGER, ALFRED, DR
STREET ADDRESS	P. O. BOX 184, FL-9490 N/A
CITY-ST-ZIP	VADUZ, LIECHTENSTEIN
TITLE	A
NAME	LEERDAM, A.C.
STREET ADDRESS	166 LOOKOUT PLACE SUITE 100
CITY-ST-ZIP	MAITLAND FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition (TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — blank, six entries)

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)(n), 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 or is attached with an address.

SIGNATURE: A.C. Leerdam, Attorney in Fact 3/28/95 (407)-645-5244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0041840 CP