

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

FILED
Feb 17 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000009693 (2)

1. Corporation Name
COIN TRADERS, INC.



Principal Place of Business: 2756 N UNIVERSITY DR, SUNRISE FL 33322
Mailing Address: 2756 N UNIVERSITY DR, SUNRISE FL 33322-2435

3. Date Incorporated or Qualified: 12/07/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number: 65-0374049		Applied For: <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		29. Country		30. Country	
24. Zip		25. Country		29. Zip		30. Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLEISHER, ANDREW D 420 LINCOLN RD SUITE 251 MIAMI BEACH FL 33139				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code: FL			

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: BENDER, MICHAEL	1.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 4029 SW 68 WAY	CITY-ST-ZIP: MIRAMAR FL 33023	1.2 NAME:	
TITLE: VSD	NAME: LA BARBERA, JOSEPH	1.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 6755 NW 18 ST	CITY-ST-ZIP: MARGATE FL 33063	1.4 CITY-ST-ZIP:	
TITLE: TD	NAME: BENDER, JAMIE	2.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 1119 N 46 TERR	CITY-ST-ZIP: HOLLYWOOD FL 33021	2.2 NAME:	
TITLE:	NAME:	2.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:		2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:		3.2 NAME:	
CITY-ST-ZIP:		3.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
TITLE:	NAME:	3.4 CITY-ST-ZIP:	
STREET ADDRESS:		4.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
CITY-ST-ZIP:		4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:		4.4 CITY-ST-ZIP:	
CITY-ST-ZIP:		5.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
TITLE:	NAME:	5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing 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, or on an attachment with an address.

SIGNATURE: MICHAEL BENDER 2-10-97 954-749-7273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)