## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #	P93000028588	(0)
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INTERTRADING & SERVICES CORPORATION

Principal	Place of	Busine	ess

Mailing Address



4522 NORTH LAUDERHILL	H UNIVERSITY DRIVE L FL 33351	4522 NORTH UNIVERS LAUDERHILL FL 33351				
O Deineiral D		^			3. Date Incorporated or Qualified 04/19/1993	3a. Date of Last Report 04/28/1995
21 441 X	ace of Business N. UWWRRSHU NR	2a. Mailing Address	N 13th	CT	4. FEI Number	Applied For
Suite, Apt.		26 7400 5.0 Suite, Apt. #, etc.	N. 190	01	65-0419389	Not Applicable
22 City & State		27	<del></del>	<del></del>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 doude		28 Molek Loud	A 14 10 1-2	e FC	Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
24 3390	9. Name and Address of Current	29 33068	30 Bes	marc.	11011361 01010100	□No
NGOG	J. Mario Dila Addicas di Obrigia	negistered Agent	81	Name	10. Name and Address of New R	egistered Agent
	IUONG LE TRAN		"	Name		
7409 S	DUTHWEST 13TH STREET LAUDERDALE FL 33068		82		iress (P.O. Box Number is Not Acceptab	le)
HOMB	DAODERDALE PL 33000		83			
44 5			84	' '		FL 85 Zip Code
or register familiar wit	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida h, and accept the obligations of, Sectio	and 607.1508, Florida Statute a. Such change was authorize n 607.0505. Florida Statutes	es, the above- ed by the corp	named corpo oration's boa	ration submits this statement for the purp and of directors. I hereby accept the appo	pose of changing its registered office bintment as registered agent, I am
SIGNATURE	Signature, typed or printed name of regislered agent ar				od when reinstating)	
12.	OFFICERS AND		13.	in agrandre redox e	ADDITIONS/CHANGES TO OFFI	DATE
TITLE	D	☐ DELETE	1. 1 TITLE		, EBMONG OF INICES TO OFF	Change Addition
NAME	LE, LONG		1.2 NAME			Change Nagitibit
STREET ADDRESS	4522 NORTH UNIVERSITY DR.	i.	1.3 STREE	ADDRESS		
CFTY - ST - ZIP	LAUDERHILL FL		1.4 CHY- 5			
1171.6	PCEO	DELETE	2. 1 TITLE	<u></u>		Change Addition
NAME	LE, NINH		2.2 NAME			
STREET ADDRESS	4522 NORTH UNIVERSITY DRI	VE	2.3 STREE	ADDRESS		
CITY-SI-ZIP	LAUDERHILL FL		2 4 CITY - 5			
TITLE	VF	DELETE	3 1 TITLE			Change Addition
NAME	DZUNG, JOHN		3 2 NAME			
STREET ADDRESS	4522 NORTH UNIVERSITY DRI	VE	3.3 STREE	LADDRESS		
CITY-ST-ZIP	Lauderhill Fl		3.4 CITY - S			
TITLE	T	DELETE	4. 1 TITLE			Change
NAME	DZUNG, DANIELLE		4.2 NAME			
STREET ADDRESS	4522 NORTH UNIVERSITY DRI	VE .	43 STREET	ADDRESS		
CITY - ST - ZIP	Lauderhill fl		4.4 CITY-S	-		
FITLE	8	☐ DELETE	5.1 TITLE	- 4"		Change Addition
VAME	NGOC-PHUONG LE TRAN		5.2 NAME			Change C Montion
SIREE! ADDRESS	4522 NORTH UNIVERSITY DRI	<b>√E</b>	5.3 STREET	ADDRESS		
DITY-S1-ZIP	LAUDERHILL FL		5.4 CITY-S			
		DELETE	6 1 TITLE	1-21"		Change 57 4447
iite			0 11116	1		☐ Change ☐ Addition
i			£ O LIALET			
NAME			6.2 NAME	Inhorar		
NAME STREET ADDRESS CITY-ST-ZIP			6.2 NAME 6.3 STREET 6.4 CITY-S			

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 🞾

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

42296

954) 724-8106