CORPORATION ANNUAL REPORT

1997

MIAMI FL

appears in Block 12 or Block 13 if changed

SIGNATURE AND TYPED OR PRINTED NAME

0:1Y - \$1 - Z!P

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000044517 (9)**

ALEXANDER H. & UNION TRADING CORPORATION

Principal Place of Business Mailing Address 9300 NW 58 ST 9300 NW 58 ST SUITE 207 SUITE 207 MIAMI FL 33178 MIAMI FL 33178-1614 3. Date Incorporated or Qualified 3a. Date of Last Report 06/17/1993 04/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0429832 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 28 23 Zir. ZiD Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name COHEN, MANUEL 9300 NW 58 ST SUITE 207 Street Address (P.O. Box Number is Not Acceptable) **SUITE 207** 83 **MIAMI FL 33178** 84 City Zip Code sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607,0505, Florida Statutes. 11. Pursuant to the provision office or registered agent agent. Lan familiar with, 02/28/97. SIGNATURI egisterad agert and the if applicable (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TILLE 1.1 TITLE MANYEZ, COVEN COHEN, MANUEL 1.2 NAME NAME 9300 NW 58 ST 207 9300 NW 58 ST SUITE 207 1.3 STREET ADDRESS 57REELADORESS MIAMI FL 1.4 CITY-ST-ZIP CHTY - ST - ZIP MIAMI, FL 33178 DELETE Change Addition VD 2.1 TITLE DISE LOTTERO, CAYETANO G 2.2 NAME HARD 9300 N. W. 58 STREET #207 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2 4 CITY-ST-ZIP 0114-51-76 DELETE Change Addition THEF 31 TITLE STRUGO, EDUARDO 3.2 NAME NAME 9300 N. W. 58 STREET #207 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3 4. CITY - ST - ZIP CHY-ST-ZiP DELETÉ Change Addition 100 4.1 TIJLE SOUFFRONT, LUIS O 4. 2 NAME NAME 9300 N.W. 58 STREET #207 4.3 STREET ADDRESS SHEEL FADORESS MIAMI FL 4.4 CITY - ST - ZIP CITY-ST ZIP ĊD DELETE Change Addition TIFLE 5.1 TITLE MEILAN SALGADO, RAUL 5.2 NAME NAME 9300 N. W. 58 STREET, #207 5.3 STREET ADDRESS STREET ADDRESS MIAMI FL 5.4 CITY - ST - ZIP DELETE Change 6 1 TITLE THE FROCHAUX, CHRISTOPHE MAME 6.2 NAME FROCHAUX, CHRISTOPHE 9300 NW 58 ST 207 9300 NW 58 ST 207 6.3 STREET ADDRESS STREET ADDRESS.

64 CITY-ST-ZIP

MANUAL COHEN

14. Too hereby certify that the information symplified 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 of 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

dwith this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the