

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. Matthews
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000044919 (7)**

1. Corporation Name
SANTA FE TRADING POST, INC.

Principal Place of Business
**201 S BISCAYNE BLVD
1500 MIAMI CENTER
MIAMI FL 33131**

Mailing Address
**201 S BISCAYNE BLVD
1500 MIAMI CENTER
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/25/1993		3a. Date of Last Report 07/19/1994	
4. FEI Number 65-0424893		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation is liable for payments by under § 190.009 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. Principal Place of Business	2a. Mailing Address	22. State, Apt. #, etc.	27. State, Apt. #, etc.
23. City & State	28. City & State	24. Zip	29. Zip
25. County	30. County		

9. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD 1500 MIAMI CENTER MIAMI FL 33131		10. Name and Address of New Registered Agent	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	
B3		B4 City	
B5 FL		B6 Zip Code	

11. Pursuant to the provisions of Sections 607 (050) and 607 (100), 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 (050), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1994	
OFFICE	D	11 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAZER, LAMIS	12 NAME	
STREET ADDRESS	536 LINCOLN ROAD	13 STREET ADDRESS	
CITY & STATE	MIAMI BEACH FL 33139	14 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE		21 OFFICE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY & STATE		24 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE		31 OFFICE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY & STATE		34 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE		41 OFFICE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY & STATE		44 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE		51 OFFICE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY & STATE		54 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE		61 OFFICE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY & STATE		64 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Sections 111(0)(1)(b) 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 use this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Jim W...* **5-1-95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR