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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000062915 (2)

## FILED May 08 1997 8:00am Secretary of State

ARENA TRADING CORPORATION  Principal Place of Business Mailing Address  9214 S.W. 148TH CT.  MIAMI FL 33198  MIAMI FL 33198-4123										
							<ol> <li>Date Incorporated or Qualified 09/03/1993</li> </ol>		te of Last F 29/1996	
2. Principai Pl	ace of Business	2a. 1	Mailing Address				4. FEI Number	·	A	pplied For
Suite, Apt.	# ole	26	Suite, Apt. #, etc.				65-0434152			ot Applicable
22	#, CIG.	27	Suke, Apr. #, etc.				6. Certificate of Status Desired			Additional lequired
Cily & State	?		City & State				Election Campaign Financing     Trust Fund Contribution			May Be
Zip	Country		Zip	Co	untry		8. This corporation has liability for			
24	25	29		30			Florida Statutes	Yes [	] No	
	9. Name and Address of C	urrent Registe	ered Agent	<del></del>	81	Name	10. Name and Address of New Ro	glatered /	gent	<del></del>
	NTSINIS, ANDREA				"	Name				
	4 S.W. 148TH CT. MI FL 33196				82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
MIM	MI FL 33190				83		<del></del>			·
			1		84	City			<b>85</b> Zip	Code
							rporation submits this statement for the ation's board of directors. I hereby acce	<u>FL</u>		
	The state of the s	obligations of	0000001	TOTICA OIL		,				
	Signature, typed or printed name of register			DTE: Register	ed Age		uired when reinslating)	DATE CERS AND	DIRECTO	PS IN 12
12.		red agent and life it S AND DIRECT	FORS	DTE: Registere	eq Age					
	OFFICER:			TE: Registere 13.	ed Age		uired when reinslating)		DIRECTOR  Change	
12. 101LF			FORS	13. 1.1 T	ed Age TITLE NAME		uired when reinslating)			
12. TITLE NAME	OFFICERS P LEONTSINIS, ANDREA		FORS	13. 1.1 7 1.2 M	ed Age TITLE NAME	nt signature requ	uired when reinslating)			
12.  TITLE NAME STREET ADDRESS	P LEONTSINIS, ANDREA 9214 SW 148 CT		FORS	13. 1.1 T 1.2 M 1.3 S 1.4 (	ed Age TITLE NAME STREET	nt signature requ	uired when reinslating)			RS IN 12 Addition
12.  THEF  NAME  STREET ADDRESS  CITY-SI-ZIP  THEE  NAME	P LEONTSINIS, ANDREA 9214 SW 148 CT		TORS DELETE	DTE: Register 13. 1.1.7 1.2.N 1.3.5 1.4.0 2.1.7 2.2.N	ed Age	ADDRESS T-ZIP	uired when reinslating)	CERS AND	☐ Change	Addition
12.  THE NAME STREET ADDRESS CITY-SE-ZIP THEE NAME STREET ADDRESS	P LEONTSINIS, ANDREA 9214 SW 148 CT		TORS DELETE	DTE: Register 13. 1.1 T 1.2 M 1.3 S 1.4 ( 2.1 T 2.2 M 2.3 S	ed Age	ADDRESS ADDRESS	ulred when reinslating) ADDITIONS/CHANGES TO OFFI	CERS AND	☐ Change	Addition
12.  THE NAME STREET ADDRESS CITY-SI-ZIP THEE NAME STREET ADDRESS CITY-SI-ZIP	P LEONTSINIS, ANDREA 9214 SW 148 CT		TORS  DELETE  DELETE	DTE: Register  13. 1.11 12.N 1.35 1.4( 2.11 22.N 2.35 2.4	ed Age	ADDRESS ADDRESS	ulred when reinslating) ADDITIONS/CHANGES TO OFFI	CERS AND	Change Change	Addition
12.  TITLE NAME STREET ADDRESS CITY-SE-ZIP TITLE NAME STREET ADDRESS CITY-SE-ZIP TITLE THE	P LEONTSINIS, ANDREA 9214 SW 148 CT		TORS DELETE	DTE: Register  13. 1.11 12. 1.35 1.4( 2.11 2.2. 2.38 2.4 3.11	ed Age	ADDRESS ADDRESS	ulred when reinslating) ADDITIONS/CHANGES TO OFFI	CERS AND	☐ Change	Addition
12.  THE NAME STREET ADDRESS CITY-SI-ZIP THEE NAME STREET ADDRESS CITY-SI-ZIP	P LEONTSINIS, ANDREA 9214 SW 148 CT		TORS  DELETE  DELETE	DTE. Register  13. 1.17 12.N 1.35 1.4( 2.17 22.N 2.35 2.4 3.11 3.21	ed Age	ADDRESS ADDRESS	ulred when reinslating) ADDITIONS/CHANGES TO OFFI	CERS AND	Change Change	Addition
12.  TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME NAME NAME	P LEONTSINIS, ANDREA 9214 SW 148 CT		TORS  DELETE  DELETE	DTE. Register  13. 1.17 12.N 1.35 1.4( 2.17 22.N 23.5 2.4 3.17 3.2.P 3.35	ed Age	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS	ulred when reinslating) ADDITIONS/CHANGES TO OFFI	CERS AND	Change Change	Addition
12.  TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P LEONTSINIS, ANDREA 9214 SW 148 CT		TORS  DELETE  DELETE	DTE. Register  13. 1.17 12.N 1.35 1.4( 2.17 22.N 23.5 2.4 3.17 3.21 3.35 3.4.	ed Age	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS	ulred when reinslating) ADDITIONS/CHANGES TO OFFI	CERS AND	Change Change	Addition
12.  TITLE NAME STREET ADDRESS CITY - ST- ZIP	P LEONTSINIS, ANDREA 9214 SW 148 CT		TORS  DELETE  DELETE	DTE. Register.  13. 1.17 12.N 1.35 1.4( 2.17 22.N 23.5 2.4 3.17 32.1 33.5 34.4 4.17	ed Age	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS	ulred when reinslating) ADDITIONS/CHANGES TO OFFI	CERS AND	Change Change	Addition  Addition
12.  DITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	P LEONTSINIS, ANDREA 9214 SW 148 CT		TORS  DELETE  DELETE	DTE. Register.  13. 1.11 12. 1.35 1.4( 2.11 2.21 2.35 2.4 3.11 3.21 3.35 3.4 4.11	BITLE NAME STREET TITLE NAME STREET TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS	ulred when reinslating) ADDITIONS/CHANGES TO OFFI	CERS AND	Change Change	Addition  Addition
12.  DITE NAME STREET ADDRESS CITY-SI-ZIP TITE NAME STREET ADDRESS CITY-SI-ZIP TITE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	P LEONTSINIS, ANDREA 9214 SW 148 CT		DELETE  DELETE  DELETE	DTE. Register.  13. 1.11 12. 1.35 1.4( 2.11 2.24 2.35 2.4 3.11 3.24 3.15 4.2 4.35 4.4(	BITLE NAME STREET TITLE NAME STREET NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S CITY-S CITY-S	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ADDRESS ADDRESS	ulred when reinslating) ADDITIONS/CHANGES TO OFFI	CERS AND	Change Change Change	Addition Addition Addition
12.  DITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	P LEONTSINIS, ANDREA 9214 SW 148 CT		TORS  DELETE  DELETE	DTE Register  13. 1.11 12. 1.35 1.4( 2.11 2.24 2.35 2.4 3.11 3.24 3.11 4.2 4.35 4.4( 5.11	ENTAGE  TITLE  NAME  STREET  NAME  STREET  COTY-S  TITLE  NAME  STREET  COTY-S  TITLE  NAME  STREET  COTY-S  TITLE  NAME  TITLE	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ADDRESS ADDRESS	ulred when reinslating) ADDITIONS/CHANGES TO OFFI	CERS AND	Change Change	Addition Addition Addition
12.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	P LEONTSINIS, ANDREA 9214 SW 148 CT		DELETE  DELETE  DELETE	DTE Register  13. 1.11 12. 1.35 1.4( 2.11 2.05 2.4 3.11 3.21 3.35 3.4 4.11 4.2 4.35 4.4( 5.11 5.2)	EN ADELLE TITLE  NAME  STREET  CITY-SI  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ulred when reinslating) ADDITIONS/CHANGES TO OFFI	CERS AND	Change Change Change	Addition Addition Addition
12.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P LEONTSINIS, ANDREA 9214 SW 148 CT		DELETE  DELETE  DELETE	DTE Registers  13. 1.11 12. 1.35 1.4( 2.11 2.11 2.11 2.11 2.11 2.11 2.11 2.1	ED AGE  TITLE  NAME  STREET  TITLE  NAME  STREET  STREET  TITLE  NAME  STREET  TITLE  NAME  STREET  TITLE  NAME  STREET  NAME  STREET  NAME  STREET  NAME  STREET  STREET  STREET	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS F-ZIP  ADDRESS F-ZIP	ulred when reinslating) ADDITIONS/CHANGES TO OFFI	CERS AND	Change Change Change	Addition Addition Addition
12.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TREE NAME STREET ADDRESS CITY-SI-ZIP	P LEONTSINIS, ANDREA 9214 SW 148 CT		DELETE  DELETE  DELETE  DELETE	DTE Register  13. 1.17 12. 1.35 1.4( 2.17 2.08 2.4 3.17 3.24 3.17 4.2 4.35 4.4( 5.17 5.27 5.33 5.41	BED AGE  TITLE  NAME  STREET  CITY-SI  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  CITY-S	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS F-ZIP  ADDRESS F-ZIP	ulred when reinslating) ADDITIONS/CHANGES TO OFFI	CERS AND	Change Change Change Change	Addition Addition Addition Addition
12.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	P LEONTSINIS, ANDREA 9214 SW 148 CT		DELETE  DELETE  DELETE	DTE Register  13. 1.17 12. 1.35 1.4( 2.17 2.08 2.4 3.17 3.21 3.35 3.4 4.17 4.2 4.35 4.4( 5.17 5.27 5.33 5.4( 6.17	ED AGE  TITLE  NAME  STREET  CITY-SI  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  TITLE  NAME  STREET  TITLE	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS F-ZIP  ADDRESS F-ZIP	ulred when reinslating) ADDITIONS/CHANGES TO OFFI	CERS AND	Change Change Change	Addition Addition Addition Addition
12.  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	P LEONTSINIS, ANDREA 9214 SW 148 CT		DELETE  DELETE  DELETE  DELETE	DTE Registers  13. 1.17 12.6 1.35 1.4( 2.17 2.8 2.4 3.17 3.2 4.17 4.2 4.35 4.4( 5.17 5.26 5.4( 6.17 6.27	ED AGE  TITLE  NAME  STREET  TITLE  NAME  STREET  CITY-SI  TITLE  NAME  STREET  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  NAME  NAME  NAME	ADDRESS T-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ulred when reinslating) ADDITIONS/CHANGES TO OFFI	CERS AND	Change Change Change Change	Addition Addition Addition Addition
12.  DITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TOTLE	P LEONTSINIS, ANDREA 9214 SW 148 CT		DELETE  DELETE  DELETE  DELETE	DTE Register  13. 1.17 1.28 1.35 1.4( 2.17 2.28 2.4 3.17 3.29 3.4 4.17 4.2 4.35 4.4( 5.17 5.29 5.33 5.4( 6.17 6.27	ED AGE  TITLE  NAME  STREET  TITLE  NAME  STREET  CITY-SI  TITLE  NAME  STREET  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  NAME  NAME  NAME	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	ulred when reinslating) ADDITIONS/CHANGES TO OFFI	CERS AND	Change Change Change Change	Addition Addition Addition Addition

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 supplied that annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it am an officer or director of the corporation or the exercise proposed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if chapted my name attachment with an address.

SIGNATURE

STUNATION TO THE ON REINTED NAME OF SKINING OF MER OR DIRECTOR

4/30/97

(305) 388-363

0254008