

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mathman
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY - 1 PM 3:23

DOCUMENT # P93000064173 (6)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOW TRADING, INC.

Principal Place of Business: **7901 SW 67TH TERRACE MIAMI FL 33143**
Mailing Address: **7901 SW 67TH TERRACE MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporation or Qualification	3a. Date of Last Report
21		26		09/10/1993	07/01/1994
22 State Apt # etc		27 State Apt # etc		4. FEI Number	Applied For
23 City & State		28 City & State		65-0439193	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25 County		30 County		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DESIR, CARINE B 7901 SW 67TH TERRACE MIAMI FL 33143				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0602, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESIR, CARINE B	1. NAME	
STREET ADDRESS	7901 SW 67 TERR.	1. STREET ADDRESS	
CITY & ZIP	MIAMI FL	1. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE		2. NAME	
2. NAME		2. STREET ADDRESS	
2. STREET ADDRESS		2. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. CITY & ZIP		3. TITLE	
3. TITLE		3. NAME	
3. NAME		3. STREET ADDRESS	
3. STREET ADDRESS		3. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY & ZIP		4. TITLE	
4. TITLE		4. NAME	
4. NAME		4. STREET ADDRESS	
4. STREET ADDRESS		4. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. CITY & ZIP		5. TITLE	
5. TITLE		5. NAME	
5. NAME		5. STREET ADDRESS	
5. STREET ADDRESS		5. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. CITY & ZIP		6. TITLE	
6. TITLE		6. NAME	
6. NAME		6. STREET ADDRESS	
6. STREET ADDRESS		6. CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY & ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and correct and qualify for the exemption stated in Section 119.07(6)(b), Florida Statutes. I do hereby certify that the information included on this annual report or supplementary annual report is true and in compliance with my signature shall have the same legal effect as if made under oath. That I am an officer or director of said corporation or trustee empowered to execute this report as required by Chapter 657, Florida Statutes, and that my name appears in Block 12 of Block 13 if changed or on an attachment with an address.

SIGNATURE: *Carine B. Desir* **CARINE B. DESIR** 4/27/95 (305) 548-4475