

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000065192 (5)**

1. Corporation Name
DUPONT TRADING, INC.



Principal Place of Business: **169 E FLAGLER ST STE 300 MIAMI FL 33131 US**
Mailing Address: **169 E FLAGLER ST STE 300 MIAMI FL 33131 US**

3. Date Incorporated or Qualified: **09/13/1993**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **65-0436907**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: State, Apt. #, etc.; City & State; Zip; Country
22. Mailing Address: State, Apt. #, etc.; City & State; Zip; Country
23. Name and Address of Current Registered Agent: **SCHECHTER, RICHARD 169 E FLAGLER ST STE 300 MIAMI FL 33131**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State: **FL**
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1536, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCHECHTER, RICHARD		1.2 NAME: _____	
STREET ADDRESS: 169 E FLAGLER ST., STE 300		1.3 STREET ADDRESS: _____	
CITY, STATE, ZIP: MIAMI FL		1.4 CITY, STATE, ZIP: _____	
TITLE: SECY-TREAS	<input type="checkbox"/> DELETE	2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCHECHTER, EILEEN		2.2 NAME: _____	
STREET ADDRESS: 169 E FLAGLER ST STE 300		2.3 STREET ADDRESS: _____	
CITY, STATE, ZIP: MIAMI, FL 33131		2.4 CITY, STATE, ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		3.2 NAME: _____	
STREET ADDRESS: _____		3.3 STREET ADDRESS: _____	
CITY, STATE, ZIP: _____		3.4 CITY, STATE, ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		4.2 NAME: _____	
STREET ADDRESS: _____		4.3 STREET ADDRESS: _____	
CITY, STATE, ZIP: _____		4.4 CITY, STATE, ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME: _____	
STREET ADDRESS: _____		5.3 STREET ADDRESS: _____	
CITY, STATE, ZIP: _____		5.4 CITY, STATE, ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME: _____	
STREET ADDRESS: _____		6.3 STREET ADDRESS: _____	
CITY, STATE, ZIP: _____		6.4 CITY, STATE, ZIP: _____	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eileen Schechter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **EILEEN SCHECHTER**
Date: _____ District Phone #: _____

CRE034 (12/95)