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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

800001485858
-05/12/95 -01057 -023
****200.00 ****200.00

DOCUMENT # **P94000000436 (3)**

1. Corporation Name
V. M. TRADERS CORPORATION

FEL-65-0454792

Principal Place of Business Mailing Address
1216 W. Castillo del Mar
CORAL Suite 1232
Carolina, Puerto Rico 00979
AVE.
FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/23/1993	3a. Date of Last Report 04/01/1994
4. FEI Number APPLIED FOR	Applied For 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
5. This corporation files liability for a franchise tax under § 188.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22	27
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24	29
25	30

9. Name and Address of Current Registered Agent
AYALA, JULIO J
1216 WALLACE AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/10/95**

12. OFFICERS AND DIRECTORS

TITLE	PT CARLOS A. AYALA
NAME	Castillo del Mar Suite 1232
STREET ADDRESS	Carolina PR 00979
CITY - ST - ZIP	
TITLE	VPS MARILYN SUAREZ
NAME	Castillo del Mar Suite 1232
STREET ADDRESS	CAROLINA PR 00979
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
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2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
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2. NAME	
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4. CITY - ST - ZIP	
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2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - 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: *[Signature]* DATE: **4/30/95**