


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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000006826 (9) 1. Corporation Name BUNKER HILL INVESTMENT TRADING CORP.					
Principal Place of Business 3325 N.W. 7TH ST. MIAMI FL 33125		Mailing Address 3325 N.W. 7TH ST. MIAMI FL 33125-4015			
2. Principal Place of Business 21 175 MORNINGSIDE DR. Suite, Apt. #, etc. 22 City & State 23 CORAL GABLES, FL. Zip 24 33133		2a. Mailing Address 26 175 MORNINGSIDE DR. Suite, Apt. #, etc. 27 City & State 28 CORAL GABLES, FL. Zip 29 33133		3. Date Incorporated or Qualified 01/19/1994 3a. Date of Last Report 12/05/1996 4. FEI Number 65-0473080 5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GONZALEZ, JEANNETTE 3525 N.W. 7TH ST. MIAMI FL 33125-		10. Name and Address of New Registered Agent 81 Name ALINA C. GOMEZ-CORTES 82 Street Address (P.O. Box Number is Not Acceptable) 175 MORNINGSIDE DR. 83 84 City CORAL GABLES FL 85 Zip Code 33133			
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 entering into, with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>Alina C. Gomez-Cortes</i> ALINA C. GOMEZ-CORTES 2/20/97 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>					
12. OFFICERS AND DIRECTORS 1.1 TITLE PD 1.2 NAME GONZALEZ, JEANNETTE 1.3 STREET ADDRESS 3525 N.W. 7TH ST. 1.4 CITY-ST-ZIP MIAMI FL 33125 <input checked="" type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PD 1.2 NAME ALINA C. GOMEZ-CORTES 1.3 STREET ADDRESS 175 MORNINGSIDE DR. 1.4 CITY-ST-ZIP CORAL GABLES, FL. 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Alina C. Gomez-Cortes</i> ALINA C. GOMEZ-CORTES 2/20/97 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0002041</small>					



CR2E034 (9/96)