

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE  
Sandra B. Morchari  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000018014 (8)

1. Corporation Name

NORTH AMERICA TRADE SHOWS, INC.



Principal Place of Business

Mailing Address

3250 MARY STREET, SUITE 205  
MIAMI FL 33133

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MIAMI FL 33133

3. Date Incorporated or Qualified  
03/08/1994

3a. Date of Last Report  
05/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

29 Zip Country

24

30

4. FEI Number  
65-0475704

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JANSSEN, ROBERT  
3044 SHIPPING AVE  
MIAMI FL 33133

81 Name Thomas J. Skola  
82 Street Address (P.O. Box Number is Not Acceptable) 5201 Blue Lagoon Drive - Suite 100  
83  
84 City Miami FL 85 Zip Code 33126

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

5/7/96  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	FILBO, MAXIMIANO A	
STREET ADDRESS	1 GROVE ISLE DRIVE, # 206	
CITY-STATE-ZIP	MIAMI FL 33133	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	JANSSEN, ROBERT	
STREET ADDRESS	3044 SHIPPING AVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Kroeff, Mario	
3. STREET ADDRESS	2501 Brickell Avenue, apt. 707	
4. CITY-STATE-ZIP	Miami, FL 33129	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96  
DATE

(333) 446 3815  
OFFICE PHONE #

CR2E034 (12/95)