

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

FILED

Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000020233 (0)

1. Corporation Name

H & B INTERNATIONAL TRADING COMPANY



Principal Place of Business 1968 BAYSHORE BLVD DUNEDIN FL 34698	Mailing Address 1968 BAYSHORE BLVD DUNEDIN FL 34698-2500
---	--

3. Date Incorporated or Qualified 03/10/1994	3a. Date of Last Report 05/01/1996
---	---------------------------------------

2. Principal Place of Business 21 235 SAN SALVADOR Suite, Apt. #, etc. 22 Dunedin FLORIDA City & State 23 DUNEDIN FLORIDA Zip 24 34698	2b. Mailing Address 26 235 SAN SALVADOR Suite, Apt. #, etc. 27 Dunedin FLORIDA City & State 28 DUNEDIN FLORIDA Zip 29 34698	4. FEI Number 59-3240477 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 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

RAYBURN, LAURA J
1968 BAYSHORE BLVD
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name ANTONINA VAZANELIS	82 Street Address (P.O. Box Number is Not Acceptable) 603 INDIAN ROCKS ROAD	83	84 City Belleair	85 Zip Code FL 34616
-------------------------------	--	----	---------------------	-------------------------

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME BABICH, OLEG F STREET ADDRESS 1968 BAYSHORE BLVD CITY-ST-ZIP DUNEDIN FL 34698	<input type="checkbox"/> DELETE	1.1 TITLE D, P 1.2 NAME BABICH, OLEG F. 1.3 STREET ADDRESS 235 SAN SALVADOR 1.4 CITY-ST-ZIP DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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"/> 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)(b), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/16/97

CR2E034 (9/96)