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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000020605 (9)

SATSUMA TRADING, INC.

FILED Feb 24 1997 8:00am Secretary of State



Principal Place of Business 1575 STILLWATER DRIVE MIAMI BEACH FL 33141		Mailing Address			a lubringer bift i filt biefer durf Ante anite bbien mast antie anier uden gere eane			
		1575 STILLWATER DRIVE MIAMI BEACH FL 33141-10	1575 STILLWATER DRIVE Miami Beach Fl 33141-1039					
					3. Date Incorporated or Qualified 03/17/1994	3a. Date of 02/20/1		leport
2. Principal Flace of Business 2a. Mailing Address					4. FEI Number	1		oplied For
26		***************************************			65-0475262		Not Applicab	
ing the state of t		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional aguired
					6. Election Campaign Financing			May Be
28		······			Trust Fund Contribution			to Fees
Zφ	Country Zip		Country 30		8. This corporation has liability for intangible tax under s. 199.032,			
	25 29 9. Name and Address of Current Registered Agent					Yes No		
		rent Registered Agent	81	Name	10. Name and Address of New Re	gistered Ager	<u></u>	
	VLIN, BARRY T	· AAP	٥	Name				
	KANE CONCOURSE, SUITE		82	Street Add	ress (P.O. Box Number is Not Acceptat	ile)		
BAY	HARBOUR ISLANDS FL 331)4	83					
			84	City		FL 85	Zip	Code
GNATURE	Signature, typics or printed dame of registers:	bligations of, Section 607.0505, Flo			ired when reinstating)	DATE		
	OFFICERS	AND DIRECTORS	19.		ADDITIONS/CHANGES TO OFFIC	DERS AND DIF	RECTO	RS IN 12
.F	PSD						Change	Add
ME	TROMBERG, STUART 1575 STILLWATER DR MIAMI BEACH FL		1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE					
EET ADDRESS								
r - ST - ZIP .E							Change	Add
ΛÉ .			2.2 NAME			*****		
REET ADDRESS			2.3 STREE	T ADDRESS				
Y - S1 - 71F		**************************************	2 4 CITY-	ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
LE		☐ DELETE	3 1 TITLE				Change	Add
OF			3 2 NAME					
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vtE.		- -	4. 2 NAME					••••
REFI ADORESS			4.3 STREE	T ADDRESS				
Y - \$1 - ZIP			4.4 CITY-	\$T-ZIP				
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ΜĘ			5.2 NAME	ì				
REEL ADDRESS				T ADDRESS				
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Mf		Lan 0 100 16	6.2 NAME			ا لبط		
REEL ADDRESS				T ADDRESS				
*Y-\$1-7P			64 City					
	w cortify that the information cur-	aliad with this filing doggets, and	ity for the ov	amption state	d in Section 119.07(3)(i), Florida Statute It my signature shall have the same lega In as required by Chapter 607, Florida S	s I further cer	tifu that	the

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2-19-9-7 305-888-878