

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

AMENDED REPORT

FILED
96 DEC 26 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000026713 (5)

1. Corporation Name

AFRIAM TRADING INC.

Principal Place of Business

Mailing Address

5011 SW 94 CT
MIAMI FL 33165-6425

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MIAMI FL 33165-6425

3. Date Incorporated or Qualified **04/07/1994** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0540255	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032.	
Country	Country	Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Faustino Larrazaleta
13980 S.W. 38th Street
Miami, FL 33175

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

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	<input type="checkbox"/> DELETE	1.1 TITLE	COB/CEO/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	GIDEON TAYLOR
STREET ADDRESS		1.3 STREET ADDRESS	106 WINGED FOOT LANE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	BOCA RATON FL 33431-3930
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	CFO/TREASURER/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	ANGEL LANA
STREET ADDRESS		2.3 STREET ADDRESS	106 WINGED FOOT LANE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BOCA RATON FL 33431-3930
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Faustino Larrazaleta
STREET ADDRESS		3.3 STREET ADDRESS	13980 S.W. 38th St.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33175
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	300002040473--4
STREET ADDRESS		5.3 STREET ADDRESS	-12/30/96--01008--017
CITY-ST-ZIP		5.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

Faustino Larrazaleta

FAUSTINO LARRAZALETA

12/19/96

(305) 265-8050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)