

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000028468 (4)

1. Corporation Name
MWA TRADE CORPORATION



Principal Place of Business	Mailing Address
10031 PINE BLVD SUITE 242 PEMBROKE PINES FL 33024 US	10031 PINES BLVD SUITE 242 PEMBROKE PINES FL 33024 US

3. Date Incorporated or Qualified 04/14/1994	3a. Date of Last Report 06/20/1995
4. FEI Number 65-0481591	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**KOPROWSKI, PAUL A CPA
10031 PINE BLVD
SUITE 224
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

81. Name WALTER RODRIGUES
82. Street Address (P.O. Box Number is Not Acceptable) 10021 PINES BLVD
83. City & State
84. City PEMBROOK PINES FL
85. Zip Code 33024

11. Pursuant to the provisions of Sections 607.0210 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 607.0510, Florida Statutes.

SIGNATURE: *[Signature]*
Subject to the provisions of section 607.0510, Florida Statutes (NOTE: Registered Agent signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RODRIGUES, WALTER V	
STREET ADDRESS	10001 PINES BLVD. #242 205	
CITY - ST - ZIP	PEMBROKE PINES FL 33024	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RODRIGUES, ALESANDRA	
STREET ADDRESS	10001 PINES BLVD. #242 205	
CITY - ST - ZIP	PEMBROKE PINES FL 33024	
TITLE	10021	<input type="checkbox"/> DELETE
NAME	10021	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	500001739226
5.4 CITY - ST - ZIP	-03/12/96--01009--014
5.5 STREET ADDRESS	***200.00
6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 hereof, or on an attachment with an address.

SIGNATURE: *[Signature]* **Walter V. Rodrigues (305) 430-2122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)