

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

**FILED**  
**Jan 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P94000028468 (4)**  
 1. Corporation Name  
**MWA TRADE CORPORATION**



Principal Place of Business 10021 PINES BLVD. #201 PEMBROKE PINES FL 33024 US	Mailing Address 10021 PINES BLVD #201 PEMBROKE PINES FL 33024 US
---	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/14/1994</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0481591</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>5400 S. University DR.</b> Suite, Apt. #, etc. 22 <b>Suite # 107</b> City & State 23 <b>Davie, FL 33328</b> Zip 24 <b>33328</b>	2a. Mailing Address 25 <b>5400 S. Univ. DR.</b> Suite, Apt. #, etc. 26 <b>Suite # 107</b> City & State 27 <b>Davie, FL</b> Zip 28 <b>33328</b> Country 29 <b>USA</b>	30 <b>USA</b>
---	---	---------------

9. Name and Address of Current Registered Agent <b>RODRIGUES, WALTER A (CPA) - eOUT -</b> 10021 PINES BLVD PEMBROKE PINES FL 33024	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
---	--

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RODRIGUES, WALTER V</b> <b>10021 PINES BLVD. #205</b> <b>PEMBROKE PINES FL 33024</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>VR</b> <b>RODRIGUES, ALESANDRA</b> <b>10021 PINES BLVD. #205</b> <b>PEMBROKE PINES FL 33024</b></del>	<input checked="" type="checkbox"/> DELETE	<b>5400 S. University Drive #107</b> <b>Davie, FL 33328</b>
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
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
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
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
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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] **1/15/98** (954) 680-4001

CR2E034 (10/97)