

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

FILED  
Apr 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000032952 (1)

1. Corporation Name

CHOICE TRADING COMPANY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 710 WASHINGTON AVE 303 MIAMI BEACH FL 33139		Mailing Address 710 WASHINGTON AVE 303 MIAMI BEACH FL 33139	
2. Principal Place of Business 21 2975 N.E. 190th Street Suite, Apt. #, etc. 22 105 City & State 23 Aventura, FL Zip 24 33180 Country 25 USA		2a. Mailing Address 26 2975 NE 190th Street Suite, Apt. #, etc. 27 105 City & State 28 Aventura, FL Zip 29 33180 Country 30 USA	

3. Date Incorporated or Qualified 04/28/1994	
4. FEI Number 65-0484032	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ORDONEZ, LOUIS JR 710 WASHINGTON AVE 303 MIAMI BEACH FL 33139		10. Name and Address of New Registered Agent 81 Name (same) 82 Street Address (P.O. Box Number is Not Acceptable) 2975 N.E. 190th Street 83 #105 84 City Aventura FL 85 Zip Code 33180	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORDONEZ, LOUIS JR	1.2 NAME	
STREET ADDRESS	710 WASHINGTON AVE 303	1.3 STREET ADDRESS	2975 NE 190th Street #105
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACE MAYA	2.2 NAME	
STREET ADDRESS	710 WASHINGTON AVE. 303	2.3 STREET ADDRESS	2975 NE 190th Street #105
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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: Grace Maya / Grace Maya 3/26/98 6037050775

CR2E034 (10/97)