

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000033228 (5)

1. Corporation Name

INTERNATIONAL TRADING EXPERTS INC.

Principal Place of Business

6998 NW 25TH ST.  
MIAMI FL 33122

Mailing Address

6998 NW 25TH ST.  
MIAMI FL 33122



2. Principal Place of Business	2a. Mailing Address
21 4700 NW 7th St	26 4700 NW 7th St
22 Suite, Apt. #, etc. 432	27 Suite, Apt. #, etc. 432
23 City & State MIAMI FLA	28 City & State MIAMI FLA
24 Zip 33126	29 Zip 33126
25 Country Dade	30 Country Dade

3. Date Incorporated or Qualified 04/29/1994	3a. Date of Last Report 10/25/1995
4. FEI Number 65-0491627	Applied For 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	

9. Name and Address of Current Registered Agent

DE OCA, MARTHA M  
4590 S.W. 154TH PLACE  
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name	EDGAR F LARA
82 Street Address (P.O. Box Number is Not Acceptable)	4800 SAN AMARO DR.
83	
84 City	CORAL GABLES, FL
85 Zip Code	33146

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

*Edgar F LARA* EDGAR F LARA

6-2-96

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DE OCA, MARTHA M	
STREET ADDRESS	4590 S.W. 154TH PLACE	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LARA, EDGAR F	
STREET ADDRESS	4800 SAN AMARO DR.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> DELETE
NAME		
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	V. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOSE FERNANDEZ	
1.3 STREET ADDRESS	731 ALMERIA	
1.4 CITY-ST-ZIP	CORAL GABLES FLA 33146	
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		
5.4 CITY-ST-ZIP		
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 if changed or on an attachment with an address.

SIGNATURE:

*Edgar F LARA* EDGAR F LARA

Date

Daytime Phone #

CR2E034 (12/95)