

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

**FILED**  
**Mar 21 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000043851 (2)**

1. Corporation Name  
**ONTRACK TRADING, CORP.**



Principal Place of Business Mailing Address  
**7225NW 25TH STREET # 103 Miami, Fl. 33122**  
**7225NW 25ST. SUITE# 103 Miami, Fl. 33122**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date incorporated or Qualified **06/13/1994** 3a. Date of Last Report **04/11/1996**  
 4. FEI Number **85-0498808** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**RAMIREZ, ABELARDO**  
**7225NW 25TH STREET SUITE # 103**  
**Miami, FL. 33122**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0522 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 understand and will accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(REG) Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	<b>RAMIREZ, LUIS</b>	1.2 NAME	
12.3 STREET ADDRESS	<b>7225NW 25TH STREET SUITE 103</b>	1.3 STREET ADDRESS	
12.4 CITY-STATE-ZIP	<b>Miami, FL. 33122</b>	1.4 CITY-STATE-ZIP	
12.5 TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	<b>RAMIREZ, ABELARDO</b>	2.2 NAME	
12.7 STREET ADDRESS	<b>7225 NW 25 TH STREET SUITE 103</b>	2.3 STREET ADDRESS	
12.8 CITY-STATE-ZIP	<b>Miami, FL. 33122</b>	2.4 CITY-STATE-ZIP	
12.9 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		3.2 NAME	
12.11 STREET ADDRESS		3.3 STREET ADDRESS	
12.12 CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
12.13 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		4.2 NAME	
12.15 STREET ADDRESS		4.3 STREET ADDRESS	
12.16 CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
12.17 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		5.2 NAME	
12.19 STREET ADDRESS		5.3 STREET ADDRESS	
12.20 CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
12.21 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME		6.2 NAME	
12.23 STREET ADDRESS		6.3 STREET ADDRESS	
12.24 CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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 included 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: Abelardo Ramirez** **03/10/97 (305)477-0707**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)