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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000048703 (0)

MVD TRADING CORPORATION

Principal Place of Business Mailing Address

FILED Apr 30 1997 8:00am Secretary of State



7831 8W 129TH AVE. MIAMI FL 33183				7831 SW 129TH AVE. Miami Fl 33183-4276							
							3. Date Incorporated or Qualified 06/27/1994	3a. Date of Last Report 05/01/1996			
2. Principal P	Place of Busine	ss	2a. Mailing Addr	2a. Mailing Address			4. FEI Number			Applied For	
21			26				65-0511092	65-0511092 Not Applica			ble
Sulte, Apt.	#, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional				
22			27	27			Cerificate of Status Desired	لسا	Fee	Required	- 1
City & State			City & State	City & State			Election Campaign Financing \$5.00 May Be				
23			28	28			Trust Fund Contribution Added to Fees				
Žip	Country		Zip	Zip Cou		• The corporation has tability for attaingible					
24	25			29 30			Florida Statutes 😡 Yes 🗌 No				
	9, Name a	nd Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent				
	JRNE, EDUAI				81	Name					
	1 SW 129TH			82 5			pet Address (P.O. Box Number is Not Acceptable)				
MIA	MI FL 33183			63							
				•							
					84	City		FL	85 2	Zip Code	******
11. Pursuant	to the provision	ns of Sections 607.05	02 and 607.1508, Floric	la Statutes, th	L ie abov	e-named c	orporation submits this statement for the pi	urnose of	 chanoir	na its register	ed
l office of f	reaistered adei	nt, or both, in the Stali	e of Florida. Such chan pations of, Section 607.	de was autho	rized b	v the corpo	ration's board of directors. I hereby accep	t the appo	intment	as registere	ď
_	THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRE	, and adopt the oblig	gattorio or, occitori cor s	OSOS, FIORICE	Old(OlC	5 .					
SIGNATURE	Signature, typod or	printed name of registered eg	ent and little if applicable	(NO1L Regi	stered Ag	ent signature re	quired when reinstating)	DATE			
12.		OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS IN 12	g
TITLE				1.1 TiTLE				Chan	ge 🔲 Addi	ion Š	
NAME	TOURNE,			I	1.2 NAME						2
STREET ADDRESS	Tool on lootilities			1.3 STREET AL		ADDRESS					Ì
CITY-ST-ZIP	MIAMI FL.	33183			1.4 CITY - S	ST - 20P					8
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NAME				2.2 NA							
STREET ADDRESS	STREET ADDRESS			2.3 S1		ADDRESS					
CITY-ST-ZIP					4 CITY -	S1-ZIP					
TITLE			[_] D€		3.1 TITLE				Chan	ge 🔲 Addi	ion
NAME					3.2 NAME						1
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NAME	!			1	.2 NAME			•			
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP					5.4 CITY-S						
			7 7 7 7 1 TELEVISION								

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 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.