SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) APPROVED									
PROFIT FLORIDA DEPARTMENT OF					AND FILED				
CORPORATION ANNUAL REPORT Secretary of State				4					
1996 DIVISION OF CORPORATIONS					ONS	96 OCT 24 PM 3: 39			
DOCUMENT # P94000049645 (2)						SECRETARY OF STATE TALLAHASSEE.FLORIDA			
P L F TRADING CORPORATION						IMELATIAS	occii co		
FLF	THADING CORPO	HATION							
Principal Place of Business Mailing Address						-		1840 044 01011 1111 1181	
8343 N.W. 54TH ST. 7315 SW 18 ST RD									
MIAMI FL 33166 MIAMI FL 33155						3. Date Incorporated or Qualifie	3a. Date	e of Last Report	
a Principal D	loop of Divisions		Inilian Address			07/01/1994 4. FS Number		06/1995	
2. Principal P	lace of Business		lailing Address	U.W	.54st	APPLIED FOR	5-055	Applied For Not Applicable	
Suite, Apt.	#, etc.	27 S	uite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	e		ity-& State	FL	•	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zıp	Countr 25		23166	Countr	× 24 .	a. This corporation has liability for			
24		ss of Current Register	ed Agent	30 0 3	<u> </u>	Florida Statutes 10. Name and Address of New i	<u> </u>		
FORTE, PEDRO L					(00 D. N. alaci Nathara				
↑ MIAMI FL 33166					dress (P.O. Box Number is Not Acceptable)				
Į				83					
1				64	- 7		FL	85 Zip Code	
11. Pursuant office or re agent. La	to the provisions of Sect egistered agent, or both m familiar with, and acci	ions 607.0502 and 607. , in the State of Florida. ept the obligations of Se	1508, Florida Statute: Such change was au ection 607,0505, Flor	s, the above uthorized by ida Statutes	e-named corpo r the corporation s	ration submits this statement for the n's board of directors. I hereby acce	purpose of ch pt the appoint	anging its registered ment as registered	
SIGNATURE	Signature, typed or printed name				ent signature require		DATE		
12.	O	FFICERS AND DIRECTO	ORS	13.	ent signature require	ADDITIONS/CHANGES TO OF			
TITLE NAME	P Forte, Pedro L		DELETE	1.1 TITLE 1.2 NAME			L		
STREET ADDRESS	8343 N.W. 54TH				T ADDRESS	5000001	ခွဲ့ခဲ့တွဲ့		
CITY-ST-ZIP TITLE	MIAMI FL 33166		DELETE	1.4 C(TY -: 21 TITLE	ST-ZIP	-1873U *米米*2	79601 25.00 F	096022 ******2 251. Bil lion (9	
NAME				22 NAME					
STREET ADDRESS CITY-ST-ZIP				23 STREE 2 4 City -	T ADDRESS				
TITLE			DELETE	31 TITLE	V, 20		L	Change Addition	
NAME STREET ADDRESS				3.2 NAME 3.3 STREE	T ADDRESS				
CITY-ST-ZIP			····	3.4. CITY-	i				
TITLE NAME			DELETE	4.1 TITLE 4. 2 NAME			L	Change Addition	
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP TITLE			DELETE	4.4 CITY - 1 5.1 TITLE	ST-ZIP		Г	Change Addition	
NAME				5.2 NAME			L		
STREET ADDRESS CITY-ST-ZIP				5.3 STREE	T ADDRESS	10,00	и		
TITLE			DELETE	6.1 TITL€	0.41			Change Addition	
NAME Street address				6.2 NAME 6.3 STREE	T ADDRESS	· .	A		
CITY-ST-ZIP				6.4 CITY -	ST-ZIP	Acre	tred.	in time	
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 further certify that the information indicated on this angual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect made under oath; that I am an officer or director of the exportation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes that my name appears in Plock 12 or Block 13 if changed or on an attachment with an address							Horida Statutes. I ame legal effect as if Florida Statutes; and		
that my name appears in Plock 12 or Block 13 if changed or on an attachment with an address									
SIGNATURE: SRIMATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1996 (305) 543-49 TO									