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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000051226 (6)

FIRST IN TRADE USA, INC.

Precipal	Prace of	Business

Mailing Address

FILED May 02 1997 8:00am Secretary of State



#1800	04 CRYSTAL CLEAR LN. 8204 CRYSTAL CLEAR LN. 91600 #1600 #1600 ORLANDO FL 32809-7745			3. Date Incorporated or Qualified 07/07/1994	3a. Date of 05/01/1		eport	
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	1 00/01/1		oplied For
21 7031	GANG NATIONALD		والمما	MA/D				ot Applicable
Suite, Apt	9. etc. Le /10	Suite, Apt. #, etc.	-	1441 12.	5. Certificate of Status Desired	1 1	3.75	Additional equired
City & State	Ando, Fl	City & State 28 O Ando /	= 1	·····	Election Campaign Financing Trust Fund Contribution			May Be to Fees
₁43281°	Country 7-890525	Zip 28 3 2819-8705 30	Country	/		Yes 🗌 No)	. 199.032,
	9. Name and Address of Current	Registered Agent		T :	10. Name and Address of New Re	gistered Agen	t	
	AGNA, MARCOS P		81	Name				
	SKY LAKE CIR. APT. D ANDO FL 32809		82		ess (P.O. Box Number is Not Acceptab	le)		
			83	<u></u>		85	7in	Code
			٦	City		FL °°	(Z.p.	COOL
office or re	to the provisions of Sections 607.0502 egistered agent or both, in the State om m familiar with, and accopt the obliga	of Florida, Such change was auth	orized b	v the corporat	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of char of the appointm	nging it nent as	ls registered registered
SIGNATURE.	Styr alim , typed or profes name of registered agen	t and title Lappricable. (NOTE: Re	gistered Ag	ent signature requir	red when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE			
TILE	P	DELETE .	1.1 TITLE				Change	Addition
NAM:	CIGAGNA, MARCOS R		1.2 NAME					
STREET ADDRESS	8204 CRYSTAL LAKE #1600		1.3 STREE	ADDRESS				
CHY-SI-ZIP	ORLANDO FL 32809		1.4 CITY-	ST-ZIP				
TITLE	8	☐ DELETE	2.1 TITLE				Change	Addition
NAME	CIGAGNA, MARCOS P		2.2 NAME					
STREET AUDRESS	856-D SKY LAKE CIR.		2.3 STREE	r address				
CITY-SI-7IP	ORLANDÓ FL 32809	- Depart	2.4 CITY-	ST-ZIP			`h	Addition
111,6		DELETE	3.1 TITLE			<u>, </u>	Change	Addition
NAM)			3.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY - SY - ZEP		☐ DELETE	3.4. CITY-	SI-ZIP			Change	Addition
NAME		L. Deter	4.2 NAME	1	•	۱ ا	over Mo	
STREET ADDRESS				T ADDRESS				
			4.4 CITY-					
DITY-ST-Z# TITLE		DELETE	51 TITLE	01-EIF			Change	Addition
NAM;			5.2 NAME	1			D -	
STREET ADDRESS				T ADDRESS				
C-TY - ST - ZIP			5.4 CITY-					
10 LE	, ,	DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME		•			
STREET ADORESS				T ADDRESS				
CHY-S1-ZIF	7		6.4 CITY-	1 '				
14. Ldo hereb	by certify that the information supplied	with this filing does not qualify for	or the ex	emption stated	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega	s. I further cert	ify that	the

information indicated on this almust 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 properties of the properties of the properties and that my name appears in Block 12 or Block 11 in tanged, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/24/97

(407) 363-9900

Annana