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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:39

DOCUMENT # P94000052807 (2)

1. Corporation Name
U.S. TRADE INDUSTRIES INC.

Principal Place of Business	Mailing Address
P.O. BOX 133059 HIALEAH FL 33013	P.O. BOX 133059 HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/14/1994
3a. Date of Last Report: 07/14/94

2. Principal Place of Business
21 881 W. 67th Street
22 Suite, Apt. #, etc.
23 City & State: Hialeah, Florida
24 Zip: 33012
25 Country: U.S.A.

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 65-0505461 — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

GARCIA, ISMAEL
881 W. 67TH ST.
HIALEAH FL 33012

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Managing Director	[X] Change [ ] Addition
NAME	GARCIA, ISMAEL	12 NAME	Garcia, Ismael	
STREET ADDRESS	881 W. 67TH ST.	13 STREET ADDRESS	881 W. 67th St.	
CITY-ST-ZIP	HIALEAH FL 33012	14 CITY-ST-ZIP	Hialeah, FL 33012	
TITLE		21 TITLE	Director	[ ] Change [X] Addition
NAME		22 NAME	Demetrio Coghe	
STREET ADDRESS		23 STREET ADDRESS	59 Bracklesham Close, Sholing	
CITY-ST-ZIP		24 CITY-ST-ZIP	Southampton, England	
TITLE		31 TITLE	Director	[ ] Change [X] Addition
NAME		32 NAME	Herbert Perez	
STREET ADDRESS		33 STREET ADDRESS	6424 Travis Rd.	
CITY-ST-ZIP		34 CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE		41 TITLE		[ ] Change [ ] Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		[ ] Change [ ] Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		[ ] Change [ ] Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Ismael Garcia ISMAEL GARCIA 4/7/95 305-824-0290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0422576 FP